

"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH

THE HEALTH OF THE CITY OF PORTSMOUTH 1970

PETER G. ROADS
M.D.(Lond) D.P.H.
MEDICAL OFFICER OF HEALTH

*Principal School Medical Officer
and Port Medical Officer*

ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH

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MEDICAL OFFICER OF HEALTH

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DEPARTMENT OF PUBLIC HEALTH
LOMBARD STREET
PORTSMOUTH



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Part I

FOREWORD

BY THE MEDICAL OFFICER OF HEALTH

FOREWORD

by

THE MEDICAL OFFICER OF HEALTH

My Lord Mayor, Ladies and Gentlemen

Once again I have the responsibility of presenting to you my Annual Report on the Health of the City of Portsmouth for the year 1970. It may be noted that my comments on this occasion follow a somewhat different pattern than previously; this is to take account of re-organisation within the Department of Public Health along lines of functional management. One result has been that I am able to delegate far more of the day-to-day operation of the Department to senior members of the staff, and with this change the detailed assessment of the services which they control comes within their sphere of responsibility. You may therefore find that in some sections of the Report comments or opinions are put forward which, while in accordance with our over-all objectives, do not necessarily coincide with my personal view of a situation. While, as Medical Officer of Health, I have the final responsibility for deciding the policy of the services which we operate, I am pleased to allow contributors to this Annual Report to express their own views, which I feel are valid and worthy of consideration, even though they may differ in detail from my own. You will also notice that the format of the Report has been changed this year and that all of the statistical tables supporting individual reports have been collected together in an appendix at the end. It is hoped that this will give a more pleasing presentation of the reports and make for clearer reading.

The year was also notable for the fact that the Department moved into new office accommodation in Lombard Street, Old Portsmouth. After many years of adopting a make do and mend policy so far as office accommodation is concerned the move to relatively new purpose-built premises has now provided the Department with office premises second to none so far as the City Council is concerned. The move was achieved during the first weekend in February and as such there was the minimum disruption of service to the public. I would at this point like to pay a special tribute to the hard work which all of the staff put in both before, during and after the move to ensure that the Department's services continued to operate smoothly and efficiently during this upheaval.

There are one or two specific items which I feel are of particular interest and would like to draw your attention to the following:

During the year consideration was given nationally to the re-organisation of local government, the health and social services. Of these only the proposals for the social services were carried through Parliament and it is therefore appropriate to note the position over those social services provided by the Health Committee through the Health Department.

Since the Mental Health Act, 1959, was implemented the Health Committee have provided additionally a purpose built industrial day centre, (Langstone House), for 80 mentally handicapped adults, with industrial and social training and incentive payments, special care day provision for 40 mentally handicapped youngsters, thereby allowing the previous centre to concentrate on children, a residential hostel for twenty eight adult men and women (Lacey Lodge). Training programmes for and the numbers of all these staff have all been increased. The

Committee has provided in addition a hostel with 35 places (Ford Lodge), but due to the present needs of Portsmouth, this is more medical in function with a relatively high recovery rate of its patients and it is debatable whether it will make its greatest contribution in the Health or Social Services. In the domiciliary field the staff and level of training of the mental welfare officers has been extensively raised. It is perhaps encouraging that for the fourth year in succession the number (16 — a rate of 0.6%) of suicides has decreased. The emergent problem of drug misuse resulted in certain new services including the appointment of a special mental welfare officer, although it was later found to be better to absorb this work into the other mental welfare work.

In the social care of small children the Health Services have made great progress. Two aspects illustrate this. The day nurseries are being transferred from wartime requisitioned church halls to purpose built premises and expanded from 78 to 161 places. Of these, 16 places are for severely handicapped children — spina bifida, hydrocephalic, amputees, or other defects — and are designed from the experience gained with the Connors Unit.

This unit was provided by the fund established by the Lord Mayor and Lady Mayoress for 1967 Councillor Major D. D. Connors RA (Rtd) and Mrs. Connors SRN.HV. During October HRH Princess Anne visited the Unit and gave great pleasure with her interested approach.

The other aspect of social care of these children is the day care through Daily Minders and by means of play groups. The former were most carefully supervised by a departmental medical officer and a health visitor.

Play groups have been encouraged and certain ones run by charities have been assisted since 1960 with money, supplies and the advice of a part-time adviser.

One of the main developments over the past decade has been in the home help service. In 1960, 98,818½ hours of help to 986 persons were provided by Home Helps. In 1970, 270,459 hours of help to 2,476 persons were provided by Home Helps. Still more is however needed, and fortunately the Home Help Supervisor has established such a good reputation that recruitment is less of a problem in Portsmouth than elsewhere.

The social welfare of the unsupported mother is another sphere where great help is given by the Department's medical social worker who has developed this work as the number of tuberculosis patients has declined.

Re-organisation of the Department along functional management lines would not have been possible without complete co-operation of all the staff, and I should like to take this opportunity of expressing my appreciation to them for their loyalty and hard work over the past year. At the same time I would couple with this my thanks to the Chairman and Members of the Health Committee for their support, to my other Chief Officer colleagues who, with their staffs, have been of tremendous assistance to my Department, and to the many other agencies in the City (both statutory and voluntary) with whom we maintain cordial working relationships.

I am, my Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

PETER G. ROADS,
Medical Officer of Health

Part II

**STATISTICS AND SOCIAL CONDITIONS OF
PORTSMOUTH**

VITAL STATISTICS AND SOCIAL CONDITIONS IN PORTSMOUTH

by

MR. T.C. JENKINS

Population

The Registrar General's mid year estimate of population for the City for 1970 was 211,790. This was a further decrease when compared with the estimate for the previous year and now represents the lowest population estimate, excluding War years, since 1908. The continuing re-development programme and fall in birth rate are still the main reasons attributed to this decline but I shall await, with interest, the results of the Registrar's Census of Population in 1971 to see how accurate this estimate proves to be. (See Table 1).

Births

Once again there was a fall in the birth rate for the City from 14.3 to 14.1 per thousand of population, the actual decrease being 67 births compared with the statistics for 1969. Of the total of 2,994 live births however, there were 418 illegitimate births (14%). Although this is the lowest number recorded in the City since 1963, the proportion when related to the total live births in the City is still far higher than is desirable. (See Tables 2, 3 and 9).

Infant Mortality

The infant mortality rates for 1970 remained at or near the low level recorded for 1969 and all of the mortality statistics compared very favourably with those for England and Wales. The Senior Medical Officer for Maternal and Child Health also comments on infant deaths in her section of this Report. (See Table 5).

Other Mortality

The total number of deaths in the City fell by almost 6% from 2,907 in 1969 to 2,730 in 1970 and this figure has only been lower once in the last decade. Considering that Portsmouth has a higher proportion of its population aged 65 and over than the national average, the crude death rate of 12.9 per 1,000 population compares very favourably with 11.7 per 1,000 population for England and Wales. This is even more apparent when applying the comparability factor giving the City an adjusted death rate of 10.7 per 1,000 population which is one of the lowest ever recorded for Portsmouth.

Tables 6 and 7 analyse the age at which people died in Portsmouth during the last decade. Although it is gratifying to see the steady fall in the proportion of those dying under the age of 65, it is nevertheless this age group which now gives most cause for concern. Within this age group heart disease and cancer are the two greatest killers, followed by diseases of the respiratory system. The principal causes of death in 1970 are shown in table number 8.

The high incidence of suicides in the City in recent years showed a marked fall during 1970 and the total of 16 occurrences was the lowest in any year since separate records of suicide deaths were first kept in 1954.

Regretfully the upward trend in deaths from lung cancer in males still continues and the 1970 statistics showed a further increase on the figure for the previous year 132 as against 125. The number of females dying from this complaint however did show a slight fall, 32 this year as compared with 36 in 1969. The increased incidence of lung cancer as a cause of death in the modern community is clearly illustrated if one compares the figure for 1970 with those for 1950. In 1950 58 males and 9 females died from lung cancer and these deaths occurred at a time when the estimated population of the City was 240,020. This terrible waste of life is even more apparent when one considers that in 1970 43% of the males who died from lung cancer were under the age of 65. In the almost certain knowledge that both smoking and the pollution of our atmosphere are both contributory causes of these deaths, it is by now ever more essential that a more active and definite preventative policy be established on a national basis in relation to these two matters.

Part III

COMMUNITY HEALTH

MATERNAL AND CHILD HEALTH SERVICES

DR. MERCY PLOWRIGHT

Vital Statistics

The downward trend in the number of births to City residents continued although the decrease was less than in 1969. The number of illegitimate births was the lowest since 1963, but the decline in the total number of births has resulted in only a marginal decrease in the Illegitimate Birth Rate. The number of premature births is unchanged from 1969, but there were 28 stillbirths “with birth weights less than 2,500 grm. (5½ lb)” — an increase of 8 (28%) on 1969.

The Infant Mortality figures show a rise in the number of deaths in the first week of life, although the total number of deaths in the first year of life is virtually the same as the previous year.

An unusual feature of the infant mortality rates during the last decade is that the legitimate rates have usually been higher than the illegitimate ones — the reverse of the national trend, but for the last two years the figures follow the national pattern.

Analysis of the perinatal deaths reveals that 28 stillbirths and 26 infants dying in the first week of life were premature by weight, i.e. less than 2,500 grm. (5½ lb). These 54 deaths accounted for 74% of the perinatal mortality.

Prematurity and congenital abnormalities are the major causes of infant deaths, although they are not identified in the Registrar General's returns. They are, however, clearly demonstrated in tables 5 and 12 which present a detailed analysis of the infant deaths in the City in 1970 based on death certification.

‘Cot Deaths’ are also not identified in the Registrar General's return; the number of these deaths has shown a dramatic fall in the last year and is the lowest since detailed records were started in 1966.

1966	—	12
1967	—	11
1968	—	14
1969	—	9
1970	—	4

There is no apparent reason for this fall — the case histories, maternal care standards and autopsy reports show no distinguishable changes from previous years.

During 1970, the Department of Health and Social Security published a report on a survey into Infant Deaths in a County and two County Boroughs in 1964–66. Of the 670 deaths investigated, 250 (37%) were the sudden and unexpected type often described as Cot Deaths.

There were 44 deaths of this type in Portsmouth between 1966 and 1970; they have been analysed in a similar manner to the Departmental Survey by season, age of mother, birth weight of infant, age at death and place in the family. While the local figures relate to the five years following the major survey, certain differences are apparent as the following table shows:—

	Portsmouth 1966–1970	D.H.S.S. Survey 1964–1966
Birth Weight < 2500 Gm.	12.5%	17%
Maternal Age < 20	33%	16%
1st Child in family	32%	23%
Twins	4.5%	4%

The most striking difference is the incidence of cot deaths in Portsmouth in children under 1 month old. None was recorded in the major survey, whereas there were 6 in this age group in Portsmouth — 3 in 1968 when the number of cot deaths reached its peak in the period under review.

Cot Deaths remain one of the major contributors to infant mortality, but the causes are unidentified as yet. The increasing number of comments in the professional and lay press is evidence of the concern and the research that is being directed towards solving this problem. Viewed from the standpoint of the individual doctor, a cot death is likely to be an isolated incident, and even within one County Borough the numbers in any one year are not likely to occasion comment from the General Medical or Hospital Services. It is only from an analysis of figures for an area over a period of time, that trends can be demonstrated and, in this particular instance, the predominance of deaths in the age group 2 — 6 months and the seasonal variation, may be pointers to a relationship between the major developmental changes that are occurring at this period in a child's life and other triggering factors that precipitate these almost silent and rapidly fatal deaths.

This is the field of Community Medicine which is concerned with promoting the health of groups of people rather than individuals and with elucidating the problems of ill-health among them.

CLINIC SERVICES

I — Maternal and Child Health

(a) Pre-natal Clinics

Medical Officers ceased to attend Pre-natal Clinics from September when grouping of Midwives and General Practitioners was introduced preparatory to full partnership between General Practitioners and Community Nurses in 1971. The release of the Medical Officer from these clinics enabled her to review the observation register procedure at the end of the first year of operation.

(b) Child Health Clinics

The majority of children attend a Child Health Clinic during the first year of life; 84.6% of those born in 1970 and 69% of those born in 1969 attended during the year, but the attendance of older children is inadequate to ensure that all potential handicaps are recognised in time to prevent them affecting the child's future development.

Two special assessment sessions were started during the year to provide facilities for more detailed examination of children who were considered to be showing signs of developmental delay.

By the end of the year plans were being made to ensure more adequate assessment sessions at all clinics, but the extension of facilities depended on trained Medical Officers and Health Visitors being available to undertake clinic sessions.

(c) Medical Officer Training

Dr. Margaret Cowan, Assistant Senior Medical Officer, attended the Developmental

Paediatric Course, organised by the Society of Medical Officers of Health.

For many years hospital doctors studying for the Diploma in Child Health have attended the clinics of the Department of Public Health and School Health Services to gain a little insight into preventive paediatrics but, during the last year, married women doctors with young families and relevant paediatric experience, have been recruited specifically to staff a limited number of clinics. This has been to the mutual benefit of all mothers, children and nursing staff who have had the advantage of the Medical Officer's advice, and the doctor has been able to retain and develop her particular skills, while gaining an insight into the community care of babies and children.

With the prospect of closer integration of the Hospital and Community Health Services, experience of this type should promote a better understanding of mutual problems by both services.

Another doctor who hopes to make her career in Community Medicine when her family is old enough, has been responsible for the pre-registration visits in connection with Day Nursery and Child Minders Regulations, and a regular session in the School Health Service. In addition, a training programme of one session a week (unpaid) has been arranged as the basis for her future career.

In these ways the Department has utilised scarce medical skills to the mutual benefit of the community and made a practical contribution to the further training of doctors in Community Medicine.

II — Family Planning

The responsibility of the Local Health Authority for Family Planning services has continued to be discharged through the agency of the Portsmouth and District Family Planning Centre. Tables 13 and 14 present the statistics.

Clinic sessions have been well patronised. There has been a marked increase in the attendance of young people and women in their forties. In addition a new service to the students at the Polytechnic College was started; this provides counselling as well as practical advice in birth control and is a welcome addition to positive health services of the City. The biggest gap now lies in the active reproductive age groups (twenties to thirties). The clinics at St. Mary's Maternity Hospital already provide contraceptive advice for some newly delivered women, post abortion and miscarriage cases; it is hoped that a further extension of these sessions will reduce the hazard of excessive fertility in this particular risk group.

There can be no doubt of the vital contribution these recent developments are making to the maintenance of the health of the groups involved.

Equally vital is the health of the socially less adequate families and it is here the domiciliary service makes its specific contribution. It means for many of these women — and their husbands — freedom from the fear of conception which was their lot before the domiciliary service became available. It is difficult to assess how much marital disharmony and family stress is due to this submerged fear, but the relief that reliable contraceptive practice brings is well known to medical and nursing staff working in family planning services.

The following is the report of Dr. Marion Whitwham, the Medical officer to the Domiciliary Family Planning Service:

“There was a steady flow of new referrals in 1970 and the service was extended in the last quarter of the year by the addition of the part-time services of a Health Visitor to assist with some of the follow-up visits.

There were 335 visits made by the Doctor and 92 by the Health Visitor to 116 patients.

“Sixty-three new patients were seen, seven referred by the General Practitioner, five by the Children’s Officers, five by Midwives, two by other patients and forty-four by the Health Visitors.

Eighty-one of the 116 women being visited by the Domiciliary Service had a baby younger than one year at the time of referral and four women had a therapeutic abortion a few months before referral.

Six of the new patients referred during 1970 were already in the early stages of pregnancy and one of these patients had a therapeutic abortion and sterilisation.

Four patients have become pregnant since referral. One of these pregnancies were planned, the other three were due to the patient forgetting to take her oral contraceptive.

The intra-uterine device increased in popularity and by December 1970, 55% of the women receiving domiciliary service were using this method. Thirty-four patients were fitted with an I.U.D. during the year. Sterilisation was arranged for four patients.”

Besides these three particular groups – students, maternity hospital patients and families with multiple problems – a growing proportion of the population is seeking contraceptive advice, from their general practitioner or family planning clinics, and the Local Authority has a responsibility to ensure that an adequate and efficient service is available for women who seek this advice. Too frequently it still occurs that women attending child health clinics with new babies have not been given contraceptive advice sufficiently positively for them to have realised its importance to them – or been told of the services available.

III – Cervical Cytology

The falling attendances at Local Health Authority clinics for the “Cyto” test, which detects the presence of cancer in the neck of the womb at a very early and readily treatable stage, indicates that the general public is still apathetic about this preventive service.

On the other hand, in the area of the Pathological Board, there has been a slow but steady rise in the number of smears taken, with the Hospital and general practitioners undertaking most of the work. Family Planning Clinics also make a sizeable contribution to this routine preventive service. The difference is a matter of motivation – in the case of local authority clinics, it must come from the patient, whereas in the hospital and general practitioner services, the family planning clinics, the test has become so much part of routine examination that the patient does not have to take the initiative in the majority of cases. Yet the fact remains that, in Portsmouth, 600 women attended the Local Authority Clinics despite the availability of alternative services. For these women, the Local Health Authority was exercising its function of providing a ‘safety net’ service for women who, for a variety of reasons, did not seek advice through other channels.

Nevertheless, the overall figures indicate that the majority of women at risk, i.e. women over 35 who have had several children, have not responded to the various measures taken to publicise the need for the test and the services available. At both clinics approximately 66% of women attending in 1970 were over 35 years old, whereas in 1969 77% were in this age group. There was, however, an increase in the proportion of women who had had two or more children attending in the Portsea area – 80% as opposed to 63% in 1969; at the other clinic the proportion was unchanged. (See tables 15 and 16.)

No tests were positive for cancer cells, but a small number of cases (24) were referred to their family doctors for minor disorders.

Screening facilities were requested by two industrial firms when 162 women attended – as the following figures show:—

	<i>Total Attendances</i>	<i>Over 35 years of age</i>		<i>Parity</i>
		No.	%	
Telephone House	94	47	50	66% no children
Farrington D.P.	68	46	67	35 (51%) 3+ children

The latter firm included a considerable proportion of women in the risk groups and besides demonstrating the active concern of the management for the health of their employees, provided useful publicity for the service. All the family doctors were informed of the results of the test.

Deaths

There were 14 deaths from Cancer of the neck of the womb in 1970; all patients were married – 7 were between 44 and 55 years old – the oldest patient was 73 years of age.

Deaths from this cause need not occur in future if only women will avail themselves of the facilities for the simple test which detects this form of cancer in its very early stages.

Future Developments in Maternal and Child Health Services

There is one theme which emerges from these three reports – the need to provide publicity and readily accessible facilities if the general public is to benefit from the positive health programmes of the Local Authority Service, especially in the field of child assessment, family planning and cervical cytology.

For this reason, a project to provide mobile health advisory facilities in a 22 ft. caravan was included in the urban programme proposals in 1970. With this vehicle a service could be provided in specific areas where multiple problems handicap women, and clinic accommodation is inadequate or unsuitable.

To await permanent buildings in the unforeseeable future before providing adequate services in these areas is to deprive women and children and whole families of their right to physical, mental and social wellbeing – the World Health Organisation definition of Health.

PARENTCRAFT

Reference is made in the Community Nursing Services Report to the re-organisation of this course. While the percentage of parents of children born in the City attending the courses shows a substantial rise, the total and average attendances have fallen. (See table 17)

The early lectures in each course dealt with pregnancy and labour and it is obvious that the later development and care of the infant were of less immediate interest to parents. The last session of each course which, since 1966, has dealt with Family Planning, was usually the least well attended session of the whole course, and during the year the afternoon and evening sessions for each course

were combined.

In view of the increasing mobility of young parents that may deprive them of family support, the importance of the early years of a child's life and the contribution Family Planning can make to family stability, it is obvious that the Department of Public Health still has a considerable task to discharge in promoting positive health in these fields.

GENERAL PRACTITIONER MATERNITY UNIT

by

Dr. J.S. Cox, Chairman of Medical Management Committee

The General Practitioner Maternity Unit was opened in the grounds of St. Mary's General Hospital in February, 1969. Since that time it has become established as a popular and happy Unit with mothers of Portsmouth, and an example of close co-operation between the Local Authority, Hospital Management Committee and Family Doctors. The first report covers the period from February, 1969 to December, 1970.

Certain facts require comment. The domiciliary delivery figures in the City (390 in 1970) are still too high and every effort should be made to encourage mothers to be delivered in the Unit. This obviously includes those cases booked to the Unit but delivered at home.

The Committee were concerned at the large proportion of cases originally booked for the Unit who were actually delivered elsewhere, usually in the Maternity Hospital. The majority of the transfers were made in the ante-natal period. It is difficult to see how this number can be reduced especially as the safety of the mother and child must be the first priority. It is possible, however, that some of the facilities of the Unit could be used more frequently.

Some of the stated abnormalities might indicate an indiscriminate booking policy. In fact all cases booked have been reviewed by members of the Medical Management Committee within the context of the criteria for referral as agreed with the Department of Obstetrics in March, 1967. All doubtful cases were referred for a consultant opinion and only booked to the Unit with such approval. A few cases, however, refused hospital confinement and were offered a place in the Unit in preference to home delivery.

The large number of Flying Squad calls (29 in 1969, 51 in 1970) also requires explanation. The procedure adopted for advice and assistance from the Department of Obstetrics, is that the Flying Squad Registrar shall be called. In domiciliary practice, some of these calls would not be so labelled, and undue attention should not be given to these figures.

This first report would be incomplete without recording our appreciation to Sister Madgewick and her Deputy, Sister Griffiths, for their cheerful efficiency in day to day administration of the Unit; to Miss Parker and all her midwives for their devoted care to the patients; to Dr. Plowright, who has ensured the smooth running of the booking procedure, and has acted as a very efficient Secretary to the Committee; to Dr. Mushin for the production of the statistics; and finally to all the family doctors using the Unit for their support, patience and co-operation, especially in the early days of the unit. (See table 18 for statistics)

SERVICES FOR THE ELDERLY

Dr. Mercy Plowright

The high proportion of elderly pensioners in Portsmouth in 1959, and the prospect that over the next twenty years this would increase, particularly with regard to the frail elderly, stimulated the development of the geriatric service of the Department of Public Health. The emphasis was the same as for the younger age groups — the promotion of health, the prevention of ill-health and, where health was already impaired, the maintenance of the maximum degree of health that was possible.

The far sighted proposals of the Health Committee made under Section 28 of the National Health Service Act, 1946, and approved by the Ministry of Health in 1960, have been the foundation on which the extensive service now available to the elderly through the Department of Public Health, has been built.

The proposals included:

1. Chiropody service
2. Laundry service for the incontinent
3. Night sitter service
4. Medico-social advisory clinics

By the end of 1964 the first three proposals had been implemented, if only as pilot schemes; by 1970 the services were fully established as essential for the care of the elderly in Portsmouth.

The Ten Year development plan of 1962 provided further opportunity to develop the services in conjunction with the Welfare Services Department. The need to strengthen liaison between the different services at policy and field-worker levels gave rise to the Co-ordinating Committee for Geriatric Services, and the Case Conferences for statutory and voluntary field staff involved in the care of the elderly. It is interesting to note that formal policy liaison meetings had been instituted in the City prior to the issue of the Ministry circular in 1963.

More adequate provision for convalescence, increased nursing equipment and the provision of resident staff with a specific responsibility for the friendly care of the more frail elderly tenants of multi-storey blocks of flats were all envisaged in the 1962 Development Plan.

The development of the Geriatric Service was initially the responsibility of the Senior Medical Officer for Mental Health but, in 1965, was transferred to the Maternal and Child Health Section and eventually became a separate section of the Health Department services in 1966.

By 1970 the services had been considerably expanded; appreciation of the services, however, inevitably meant that the gap between demand and supply grew increasingly wider.

The inadequate funding of Local Authority services by Central Government has retarded their development whilst at the same time increasing emphasis has been placed on Community Care, as opposed to residential care in Part III accommodation or hospital. The number of elderly in the City has risen steeply during this period. The direct effect of these restrictions is shown in all the figures for the Geriatric Service. The inability to appoint a second full-time chiropodist and to

provide more sessions has meant a considerable fall, in 1970, in the number of new patients accepted for treatment. The lack of an additional driver has meant delay in providing the laundry service and nursing equipment — and both these items are likely to be required urgently, rather than days or weeks later, as has often been the case in the last year. Ill patients have had to be left alone at night in the absence of a night nurse, though naturally strenuous and often time-consuming efforts have been made to avoid this.

It may be thought that, compared with some areas, Portsmouth provides extensive services for the care of its elderly citizens — and might provide more adequate cover if the people in need could be persuaded to use the facilities available. But it must be remembered that the proportion of elderly citizens in Portsmouth is well above the national average — in neighbouring areas it is below this figure.

Future Developments

Some of the services for the elderly for which the Department of Public Health has in the past been responsible, will pass to the Department of Social Services. Home Helps will be the major loss — others have yet to be decided, but about nursing services and chiropody there is no doubt. The development of these services is the responsibility of the Department of Public Health.

Chiropody Service

This service started in 1963 with three clinics.

The statistics for this service are shown in Table 19.

The deficiency of the present service is shown in the decline in the number of new patients accepted for treatment in 1970 — 259 as against 429 the previous year. This is not an indication of falling demand — but of the limitation of the service by inadequate resources. By the end of the year, the interval before new patients could be treated was nine months, i.e. the earliest date for which those referred in April, 1970 could be given appointments was 1971.

Repeated requests from patients and general practitioners for appointments to be expedited threw considerable strain on the clerical staff and added still further to the difficulty of maintaining the service during the year.

The staff remained unchanged, i.e. 1 Full-time and 7 Sessional Chiropodists staffing twenty-five sessions per week, including four evening ones.

Fees were increased from 2/6d to 3/- per treatment in October, 1970.

Future Service

The total potential demand for chiropody in Portsmouth is 10,000 — 12,000 patients. In the current year, less than 2,000 elderly patients were treated in Local Authority clinics. Taking into account those who are treated by chiropodists privately, there are at least 5,000 more elderly people in the City who would benefit from regular chiropody treatment.

Chiropody will be available in Health Centres as they develop and it is hoped that elderly people living in the locality will increasingly benefit from easy access to the service. To achieve this and to make optimum use of the accommodation, one whole-time chiropodist will be required for each Health Centre as it opens, together with the necessary auxiliary and clerical staff.

Night Nursing Service

Despite the reduction in staff and a slightly smaller case load, the average nursing time per patient almost doubled — from 40 hours 52 mins. to 71 hours 15 mins. in 1970.

This in itself demonstrates the value of the service, not only in sparing hospital beds, but in enabling relatives to nurse elderly members of their families at home. This was the reason for referral in 37% cases.

The hospital policy of earlier discharge, even of geriatric patients, is likely to increase the demand on the service still further. (See tables 20, 21, 22)

Laundry Service for Incontinent

This service was provided for one hundred and eighteen patients in their own homes in 1970 and for the residents in Ford Lodge. Loss of pillowslips and sheets was a constant source of frustration to staff and relatives. St. Mary's General Hospital kindly agreed to mark new items with heat transfer identification labels to encourage the return of articles no longer in use.

Home Nursing Equipment

A decision to discontinue using the larger size incontinence pads (30" x 23") was made on the basis of reports to The Hospital Centre Conference on Incontinence, but had to be rescinded after a trial period as the experience of the Community Nursing Staff and the general public showed that the larger pad was more adequate than the small one for use in patients' homes.

Convalescence

This service has provided 43 people, recovering from recent illness not requiring hospital care, with a period of convalescence and a change of scene which has contributed largely to their return to independence.

Community Care of patients discharged from hospital

The policy of discharging patients from hospital to the care of the general practitioner and the community nursing service as soon as practicable will increase the demand for laundry service and the provision of nursing equipment, some of which may be more elaborate than in the past. The efficiency of the service is dependent on the availability of vehicles and staff, the latter not only for delivery but for advising on the choice and installation of equipment; this is becoming increasingly a specialist function.

The substitution of disposable materials for some items, e.g. draw-sheets, has already raised problems of disposal and, with the ever growing use of central heating, gas or electric fires, it is likely to be aggravated. This problem will have to be actively tackled in the next few years if the convenience and the safety of disposable nursing equipment is not to be outweighed by the difficulty of disposing of used articles. It is hoped that the incineration facilities that are to be provided in the City in the future will go some way to alleviating this problem — and its side effect, the day to day nuisance of burning of nursing refuse in back gardens.

Home Mothers

The value of these staff has been abundantly proved in the last five years and the scope of their duties has expanded. The policy of providing home mothers in all multi-storey blocks of flats was completed with the appointment to Copperfield House in September. The Crown Court development is a low-rise four-storey block instead of a multi-storey high rise block, but the same type of communication system has been installed as in the larger tall blocks. This allows two-way conversation between the home mother and the tenant. The provision of a similar service to groups of dwellings for elderly people would increase the 'sheltered' housing provision in the City and might enable more of the frail elderly population to remain in their familiar surroundings.

Six of the tall blocks have required strengthening together with the removal of gas appliances. The home mothers have played a vital part in enabling elderly tenants to adjust to the necessity for these changes. The power strike at the end of the year also demonstrated the value of the home mothers in assisting and reassuring elderly tenants. The wardens and the home mothers were faced with considerable extra demands on their services, but together they were able to contain the problem in a way that would have been impossible to a single-handed person. (See table 23 for statistics)

Geriatric Referrals

Twenty-eight people were visited by Medical Officers during the year; five were direct referrals from General Practitioners, eight from Welfare Officers, six from Community Nursing Staff and one from relatives. The family doctors had been consulted in all cases where the referral was not made directly by him to the Medical Staff.

General Practitioner referrals were usually for patients where all avenues of help had been explored and refused, but action was considered essential in the patient's interest.

The referrals from Welfare Officers usually entailed assessment of the patient's suitability for Part III accommodation, and sometimes a relaxed attitude to the visit produced a more adequate history of illness which materially affected the assessment.

Most of the Health Visitor referrals concerned difficult cases where it was felt further physical and social deterioration might be avoided if only the person could be persuaded to accept the available services — and then let the staff in when they called!

Compulsory Removals

Eleven people were admitted to hospital accommodation or Welfare Homes on Compulsory Order. Four died within two weeks of admission, one six weeks later; three became long stay hospital cases; one returned home after surgical treatment.

A somewhat unusual feature was the predominance of deaths in Old People's Homes — not, as is often thought, because the patients were removed from their homes, but as the result of progress of disease which had already incapacitated them physically and mentally to the point at which they could not care for themselves or appreciate their need for care. The latter is often interpreted as a laudable desire to remain independent, but it is more probably due to the diminished blood supply to the brain resulting in dulling of the faculties, particularly of reasoning and judgment. Three of the cases were completely unknown to the Department of Public Health or Welfare Services until a crisis arose demanding action. Another three were well known to several Departments, but had rejected all offers of help, whether for domestic help, nursing or housing. The fact that field workers had managed to maintain even a tenuous contact enabled speedy action to be taken when the inevitable foreseen crisis arose. Typical of the 'unknown' case was that of a man who was found by a Welfare Officer lying across a bed in an unheated room littered with rum bottles, empty cigarette packets, clothing and general rubbish. He was stiff, quite literally, with cold, but refused all help. Medical assessment of his condition being quite impossible in the circumstances, he was taken to the Casualty Department at Royal Portsmouth Hospital for examination and later admitted to the Geriatric Ward on a Section 47 Order, as he still refused to accept his need for care.

This man had lived for twelve years in the same room in a house occupied by a

family with two young children. The Health Visitor knew the family but, beyond saying they had a lodger, the family had made no other comment. The mother of the children said she had never been in the room until the morning when the Local Authority services were called in. The man died three weeks later in hospital from bronchopneumonia — one of the recognised late complications of Hypothermia.

Alternatively, a bedridden woman of 83 living with her active 80 year old husband and an educationally deprived daughter of 45, was well known to all the field workers in the area. She was the owner-occupier of a semi-bungalow in an advanced state of dilapidation but, despite the efforts of her General Practitioner and Senior Officers of the various departments to persuade the family to accept very generous offers of services, repairs or rehousing, the only one that was accepted was that of laundry. Elaborate arrangements had been made for her to have chiropody treatment — it was literally impossible to do a domiciliary visit — but even this was refused.

Eventually acute illness precipitated a crisis and made her admission to hospital imperative, but still she refused to go. Threats of physical violence were made if any attempt was made to remove her to hospital — it was known these were by no means empty threats — when the ambulance arrived after the Order was obtained, the patient reprimanded the driver attendants for being late! The patient was transferred to a long stay geriatric bed, but her husband and daughter remain in their increasingly decrepit bungalow, adamantly refusing all help from any service, statutory or voluntary.

It may be thought these are extreme examples of the types of cases dealt with under Section 47 of the National Assistance Act, but it is only in similar extremes of refusal that compulsory action can be contemplated. It is difficult to see what action could have been taken either in these two cases or in any others where Section 47 Orders were obtained — their need for medical and nursing care could not be denied.

Co-ordination of Services

The Policy Co-ordinating Committee for Geriatric Services and the Geriatric Case Conference for statutory and voluntary field staff continued to meet quarterly.

Among the subjects raised at the field staff meetings were the menus used in the Meals-on-Wheels Service, with particular reference to the meat content; a “medicine round” in the Community to help patients living alone to benefit from therapy, and Hypothermia.

One meeting was devoted to discussing case reports from voluntary visitors on recent incidents of people living alone being found ill or injured, or where inadequate care was available for patients discharged home from the Casualty Department of the Hospital, sometimes because the gap between the need for care and resources in the neighbourhood was not appreciated either by the patient or the hospital.

A plan of action for the voluntary visitors was agreed and the Hospital were asked to inform the Department of Public Health when elderly persons living alone were discharged from the Casualty Department so that the Health Visitor could ensure that the necessary services were provided.

Voluntary Services

Once again it is a pleasure to record the active co-operation of statutory and voluntary services in the care of the elderly in Portsmouth.

The problem of loneliness is constantly raised when the community care of elderly is discussed. It is a very emotive word, but it must be remembered that loneliness may be 'more in the eye of the beholder' than the elderly person. Memories of past events are very much part of present day life of many elderly people — and the reality of this may not be appreciated by a visitor.

Again the visit itself may make an elderly person conscious of the absence of the social contact of earlier years and so temporarily arouse a sense of loneliness, which may or may not persist after the visit is over.

The *Visiting Service* of the Council of Social Service attempts to meet the need for friendly social contact of elderly people — and for many it is one of the landmarks in their week — but inevitably people unknown to the Visiting Service are still found in crisis situations.

The visitors can be the eyes and ears of the statutory services, alerting them to potential problems; at other times they are the means through which urgent needs known to Community Nursing and Social Worker staffs, e.g. for shopping, feeding, fire lighting, are met.

The *Old People's Welfare Committee* provided the usual holiday at the Hall of Residence of the College of Education for thirty frail and disabled elderly people in September, in addition to regular outings for about three hundred people by minibus during the spring and summer.

A *Handicraft Exhibition* was staged in the College of Education in Milton on 22nd to 24th July, 1970. Two hundred articles were presented in fifteen different classes; this clearly demonstrated the wide range of skills that can be developed and practised by people after they retire.

Albertha House, the small rehabilitation project of the Old People's Welfare Committee celebrated its first birthday in November; twenty-nine people had been guests in the house for four to six weeks each, and had both appreciated the comfort of the home and the friendly caring attitude of the staff. Most returned to their own homes with increased independence; two were able to appreciate their need for continuing care in Old People's Homes and were admitted from Albertha House when vacancies arose; three people were admitted to hospital with illness arising during their stay in the house. Twenty-eight other people, who were referred as prospective guests, were found to be unsuitable or refused the offer.

The staff found it a very rewarding experience to watch the steady improvement in appearance, attitudes and activity of their guests; those initiating the referrals were in no doubt as to the benefits their patients had derived from their stay in Albertha House.

A new venture of the Old People's Welfare Committee during the year was the opening of the first Day Club — *The Lady Mayoress Friendship Club* in Fratton. This aimed to provide daytime social interests for elderly people living alone or with relatives out at work all day, in the area. The rent for the premises was paid by the Old People's Welfare Committee.

A variety of women's organisations were involved in establishing the Club and formed the Steering Committee. The Club rapidly built up a membership of 200 from which a Management Committee was elected to organise the activities of the Club. Initially it was intended to provide only snack meals, but it soon became evident that there was a demand for a more substantial meal and additional facilities were provided for this.

The first venture of the Old People's Welfare Committee during the year, was the opening of the first Day Club — The Lady Mayoress Friendship Club in Fratton. This aimed to provide daytime social interests for elderly people living alone or with relatives out all day at work, in the area. The rent, for 'the present, was paid by the Old People's Welfare Committee. A variety of women's organisations helped in establishing the club, and built up a membership of 200, from which a committee was elected to organise the activities and provided snack meals, but it soon became obvious there was a demand for a more substantial meal and additional facilities were provided for this.

There were 19 Luncheon Clubs in operation by the end of the year, and one opened twice weekly — the others on one day a week.

The Women's Royal Voluntary Service Meals-on-Wheels, provided meals to 150 people in their own homes twice a week.

These two operations were a life-line in the nutrition of elderly people, but the provision is insufficient to meet the demands made on it — or to maintain adequate nutrition for those already on it.

The fact that this report appears in the Annual Report of the Medical Officer of Health in itself demonstrates the close liaison that exists between the Department of Public Health and the Visiting Service and the Old People's Welfare Committee of the Council of Social Services, and it also an acknowledgement of the valuable contribution the voluntary services make to the care of the elderly in the city of Portsmouth.

HEALTH CENTRES

by

Mr. D. A. Simpson

Somers Town Health Centre

This year saw the end of the long and difficult negotiations which had involved all concerned and it was with great pleasure that we saw the piling contract commence on site on 1st August 1970 followed by the main contract on 5th October 1970.

Agreements were reached with the National Health Service Executive Council on the financial implications regarding the accommodation which was required by them for the general practitioners.

It is estimated that the building will be ready for occupation in March 1972.

Health Centre, Cosham

At the beginning of the year, the site for the Cosham Health Centre was still not finalised although the Accommodation Schedule had been agreed with the Department of Health and Social Security in February. Also, discussions on the proposed location of the future area offices was to some degree affecting the site of the Cosham Health Centre. Considerable discussion took place between the relevant officers but with little progress, considerable pressure was exercised by my own department and the general practitioners in the Cosham area resulting in a Working Party held in August 1970 attended by all the Cosham doctors, representatives of the Department of Health and Social Security, the Chairman of the Development and Estates Committee and a representative of the Health Committee. This Working Party examined the reasons for the delay and the representatives of the Department of Health and Social Security emphasised the fact that they were willing to support a Health Centre in this area but it was essential that the local authority take immediate positive steps to ensure that this scheme proceeds without any further delays. Following this meeting a revised Schedule of Accommodation was prepared and forwarded to the Department of Health and Social Security who were very co-operative and cleared the Accommodation Schedule with the minimum of delay. It was not until the end of 1970 that the revised site at Wootton Street, Cosham, was finally agreed by the Development and Estates Committee.

Health Centre, Kingston Crescent

Little positive progress was made on this Centre due to the fact that the progress with the Compulsory Purchase Order for accommodation on the proposed site of the Health Centre did not keep up with the proposed timetable. The reason for this was that the City Development Officer and City Architect were reviewing a larger catchment area and due to the work involved some delay was inevitable.

However it is pleasing to note that despite the delay the doctors in this area are still interested in working from a Health Centre and I hope that in the forthcoming year the preliminary planning for this Centre can take place and be agreed with all the parties concerned.

Health Centre, Fratton

It was rewarding to have a site allocated on land south of Lake Road for a Health Centre to serve this important area of the City and having achieved one of the most important steps in 1970 I hope to be able to make further progress on this scheme so as to advance the integrated medical and nursing services to the population within this area.

Other Health Centres

Other Health Centres are planned for the Eastney, Southsea, Portsea, Farlington Copnor and Paulsgrove areas and negotiations have been proceeding with the City Development Department with a view to acquiring appropriate sites. Details have been given of suitable areas and I have requested that alternative sites be suggested in order that the most suitable one can be selected. The provision of sites will not affect our future planning and when sufficient staff resources become available advanced planning on these will take place at the appropriate time.

General Comments

To conclude on a general note, I am pleased to say that a number of informal and formal meetings have been held with general practitioners throughout the City and I feel that enthusiasm towards working from Health Centres, or similar accommodation, is growing. There are, naturally still some General Practitioners who prefer to practise from their own premises and, while respecting their opinions, we can only work even harder to build up the progressive relationships which are so essential between the Department of Public Health and colleagues in general practice.

NATIONAL HEALTH SERVICE**Portsmouth Executive Council**

by

Dr. B. S. Mead

Once again it is my pleasure to review the past administrative year which ended on 31st March, and to comment briefly on particular matters of importance which have received the attention of the Executive Council.

During the year there were four changes in the membership of the Council. Alderman Lacey, Councillor Rogers, Dr. Burnham Slipper (who was the Council's Vice-Chairman) and Dr. Duff, all of whom had given excellent service to the Council, resigned their membership. In their place the City Council appointed Councillor Burke and Councillor Hancock, and the Local Medical Committee appointed Dr. J. M. Childs and Dr. I. T. McLachlan.

The year had promised to be a supremely important one in our field of administration, in that it was expected that the Labour Government's firm proposals for the revised administrative structure of the National Health Service would be announced. It was understood that, within defined regions, there would be statutory committees (comparable with existing Executive Councils) administering the family practitioner services as at present. This matter was, however, again deferred because of the change in Government last July. There appears to be general agreement that the present administrative structure of the Service should be revised, and should be related to the new proposed local authority boundaries. The Government's proposals in this latter respect have already been published, but their precise final shape has not yet been determined. The proposals for the revised structure of the N.H.S. for consultation with the organisations concerned are expected shortly. Once again, therefore, we look forward to learning what these proposals will be.

An important matter on which Executive Councils were invited to comment was the Report of the Central Health Services Council on Domiciliary Midwifery and Maternity Bed Needs. Some of the recommendations in the report, if implemented, would mean the virtual extinction of the domiciliary maternity services as we know them. The Executive Council supported views expressed by the Local Medical Committee in the matter, including that the domiciliary services should be community based at family doctor level, with close liaison with the specialist hospital service, and it was deprecated that the Advisory Committee in their enquiry had apparently made no attempt whatever to ascertain the views of the "Consumer", i.e. the wishes of the mother.

We supported strongly the policy of attachment of local authority midwives, home nurses, and health visitors to general practitioners. Pilot schemes were introduced by the City Council during the year with a view to eventual extension of the arrangement to all general practitioners in the City.

Following concern expressed regarding amphetamine addiction, the Local Medical Committee issued a circular letter to Portsmouth general practitioners urging the greatest possible restriction on the prescription of amphetamines. It must be recognised, however, that the doctor's right to prescribe such drugs as they consider necessary for the treatment of their patients must be preserved.

Cervical cytology is another matter which has been keenly considered by the Council. Useful information from local sources has been supplied to the Executive Councils' Association who are making representations to the Department of Health and Social Security in an endeavour to secure a reduction in the

frequency with which smears are taken from five to three years, and to remove the age limitation.

The building of the Somerstown Health Centre commenced at the end of last August, and is expected to be operational by the middle of next year. There have been several set backs in connection with the site of the proposed Cosham Health Centre, but this has now been agreed and plans are currently under way. The date of completion is expected to be mid-1973.

Members will be aware that, in addition to the introduction of a new basis of statutory charges for dental treatment, it was originally proposed also to lower the age up to which free conservative treatment could be given under N.H.S. arrangements. We, and one or two other Executive Councils, made strong representations to the Department protesting in particular at this latter proposal, it being considered that this group of young people were particularly vulnerable and that it was important that no obstacle to dental treatment should be put in their way. When the new regulations were brought into effect at the beginning of this month it was most gratifying to learn that the previous concession of free conservative dental treatment up to the age of 21 was being retained, at least for the time being. We like to feel that our representations did carry some weight in the matter.

The manpower of our General Medical Services, General Dental Services and General Ophthalmic Services during the year did not vary appreciably, the number of practitioners resigning being almost offset by new ones coming onto the Lists. We did, however, lose a further three pharmacies, the number in the City now having fallen to 54. The City is, however, still fairly well served with pharmaceutical services.

I am happy to say that the Council's relations with all those providing services under the Act in the City continue to be excellent. The standard of the services provided and for which we are responsible continues to be high, and I feel that all the practitioners concerned should be congratulated. The following summaries give some idea of the volume of work undertaken during the year under the four heads stated:-

The Medical Service:

On 31st March, 1971, there were 119 general practitioners on the Portsmouth Medical List, and of these 28 practise mainly outside Portsmouth and 3 have lists limited to hospital staff. The number of persons on doctors' lists on 31st March, was 200,871, and the average number of Portsmouth patients per doctor, excluding those mainly in practice outside Portsmouth and those with limited lists, was therefore 2,261. During the academic year ended 31st August, 1970, 76 Portsmouth doctors attended refresher courses under the scheme for the Postgraduate Education of General Practitioners.

3,273 women received maternity medical services through Portsmouth general practitioners.

7,820 persons received medical treatment as Temporary Residents during the year, 794 of whom were from all parts of the world and of various nationalities.

The total cost of the general medical services and maternity medical services provided by general practitioners in the city was £646,757.

The Dental Service:

During the year 110,624 courses of dental treatment were provided by Portsmouth dental practitioners. The total cost of the Dental Service was £501,296. Of this amount patients paid direct to dentists in respect of statutory charges the sum of £81,557, and a further £55 towards the cost of the replacement of

dentures lost or damaged through lack of care on the part of the patient. At 31st March there were 63 dental practitioners (62 principals and 1 assistant) providing dental services in Portsmouth, i.e. one dentist to every 3,129 of the population.

The Pharmaceutical Service:

Portsmouth chemists dispensed 1,212,044 prescriptions costing £812,335, of which amount patients paid direct to chemists the sum of £63,813. £1,507 was paid to chemists during the year in respect of additional hours of dispensing beyond normal hours of business. At 31st March in Portsmouth there were 54 pharmacies and 6 persons supplying appliances only. A number of test prescriptions were taken under the Scheme for the Testing of Drugs and Appliances and the certificates of analysis issued indicate that the dispensing by Portsmouth chemists continues to be of a high standard.

The General Ophthalmic Service:

On 31st March 1971, there were 13 ophthalmic medical practitioners, 33 ophthalmic opticians and 22 dispensing opticians on the Portsmouth Ophthalmic List. During the year 36,011 sight tests were given at a cost to the Service of £48,416. No charge is payable by patients in respect of sight tests. The cost of glasses dispensed by opticians through general ophthalmic services was £86,614, of which amount patients paid direct to opticians the sum of £51,835 in respect of statutory charges. The amount paid by the Service in respect of replacements and repair of glasses was £161.

The Total Expenditure:

The total expenditure by the Executive Council (including administration) for the aforementioned services was £1,948,497, compared with £1,692,896 last year. Administration costs £31,520 were again low, being only 1.6% of the Council's total expenditure. Including the £197,260 statutory charges paid by patients, the total cost in Portsmouth of the general medical, dental, pharmaceutical and general ophthalmic services was £2,145,757.

For the year under review, in Portsmouth the average cost per person to the Service (i.e. excluding statutory charges paid by patients) under the various heads was as follows :-

	1970/71	1969/70
Medical	3.21	2.70
Dental	2.17	1.76
Pharmaceutical	3.73	3.31
Ophthalmic	.41	.38
Administration	.15	.14
	£9.67	£8.29

Once again I must thank all the members of the Council, especially my Vice-Chairman and the Chairmen of the various committees, for the time and attention which they have devoted to the business of the Executive Council over the past year.

The Council's staff also have a heavy responsibility in their work, which they discharge with such efficiency under the direction of our Clerk Mr. Goddard, and, on behalf of the Council, I would like to express to them our thanks. I would especially like to make special reference to the work of Mr. Goddard. The professional Committees hold him in very high regard and esteem for the advice, help and understanding he always gives to all problems connected with the work

of the Council.

The importance of our work in the administration of the General Medical, General Dental, Pharmaceutical and General Ophthalmic Services in the City cannot be overstated, and it is our privilege and duty to see that these services are maintained at the high standard which we have always strived to attain.

COMMUNITY NURSING SERVICE

by

Miss D. O. Learmont

1970 has been an interesting year in the development of the Nursing Services, and their ability to meet the Health Visiting, Home Nursing and Domiciliary Midwifery needs of the people of Portsmouth. It is the first full year that the City had a Chief Nursing Officer co-ordinating the three branches of preventive nursing services, clinical nursing services and midwifery service. A tribute must be paid to the work of the Portsmouth Victoria Nursing Association who have acted as agents for the City Council in administering the Home Nursing Service in this City since 1948, and who have given many years of faithful service to the citizens of Portsmouth. On September 1st, they relinquished their responsibility for the Home Nursing Service and it became a directly administered service by the Department of Public Health.

It was possible to begin looking at the total nursing needs of the patients and with the increased co-ordination and co-operation between the three services to start to meet these as a team understanding each other's role rather than as individuals. The Report of the Working Party on Management Structure in the Local Authority Nursing Services (Mayston) was accepted by the Secretary of State for Health and Social Services, and Portsmouth was asked to be a model area for the establishment of the new Nursing Management structure. In September 1970 the Health Committee agreed to this and discussions with the Department of Health representatives on the new structure started in October. When the final planning has been completed and if the City Council agrees it is hoped to implement this in 1971 and a unified nursing administration will be able to plan more effectively within the limits of available resources.

It has also been possible to rationalise and standardize the ordering of nursing equipment and supplies, a matter that was long overdue for attention. In the same way such items as staff uniform, laundry and petrol allowances were standardized which streamlined clerical and administrative procedures.

Patterns of work were studied and with the valuable help of a Working Party of four general practitioners, Doctor J. Cox, Doctor A. Reid, Doctor J. Winter and Doctor K. Wood, the question of nursing partnership with the general practitioners was discussed. This was followed by a series of evening sessions in various parts of the City where family doctors and all nursing staff met, and in September the first phase of partnering Health Visitors, Home Nurses and Domiciliary Midwives with general practitioners started. By the end of the year, various advantages and disadvantages were beginning to show. There was no doubt as to the increased work understanding, the development of the health team and the more co-ordinated care for the patient. On the other hand the nursing staff were concerned at the increased amount of time they were spending in cars, and the increased petrol costs due to the scattered nature of general practitioner case loads.

Liaison with the Hospital Nursing Services continued to develop and weekly discussions started with the Matron of the Eye and Ear Hospital in June. The increasing co-ordination and co-operation with the paediatric and geriatric areas has been most fruitful, and I would like to thank the Hospital Nursing staff for the warm welcome that they give the Community Nursing staff and their increasing interest in Community work, which has resulted in various hospital staff spending a day with us. In the field of general and psychiatric nurse training, both for the register and the role, the Community Nursing Services are con-

tributing a much greater part than formerly. Miss Dancer, Community Nurse Tutor, has played an invaluable part in discussions with the hospital tutors in getting the community nursing experience on to a firm basis from which to develop. At the same time she has re-organised the post basic district nurse certificate courses of both state registered nurses and state enrolled nurses. This has re-emphasised the need to have trained Practical Work Instructors in the District Nursing Service who are recognised and receive an approved payment as do the Field Work Instructors in Health Visiting and the training midwives in the Domiciliary Midwifery Field.

Finally, I should like to thank Mrs. P.M. Botting, Superintendent Health Visitor/School Nurse, Miss E.M. Parker, Supervisor of Midwives and Superintendent Domiciliary Midwifery Service and Miss V. Looker, Superintendent District Nurses for their enthusiasm, understanding and loyalty during the past year. Their reports on the individual services follow.

HEALTH VISITING

1970 was a year of great activity in the Health Visiting Section. There were several staff changes. In February Miss J. Rogers, Group Adviser Health Visitor, was promoted to Deputy Superintendent Health Visitor, a post vacant since November, 1969. Miss P. Matthews was appointed subsequently to Group Adviser Health Visitor. Seven Health Visitors and one Public Health Nurse resigned, eight Health Visitors and one Public Health Nurse were appointed. Of these five were students sponsored by the Department, who successfully completed their training in September.

Chest Clinic facilities and staff including Mrs. Penfold, Mrs. Gilham and Mrs. Dean, Chest Clinic Visitors, removed to accommodation at St. Mary's General Hospital West Wing in the Spring.

Many new or improved services were introduced during the year. Most notable of these was the commencement in September of General Practitioner/Health Visitor partnership with five selected group practices. Monthly meetings took place between the Superintendent Health Visitor, her Deputy and the staff involved to evaluate this new mode of work. Final appraisal will take place after a six months' trial period. In the meantime plans are being formulated for a smooth transition to full General Practitioner partnership. Health Visitor liaison was extended to all other General Practitioners in the City.

Liaison with the local hospitals was extended. Miss J. Andrews, Group Adviser Health Visitor, commenced weekly discussions with the Matron, Eye and Ear Hospital, in June.

New services were introduced for pre-school children. The Observation Register became fully operational on 1st January following a three months' trial at the end of 1969. Health Visitors undertook regular follow-up of those children selected by Dr. Cowan for inclusion on the register.

Health Visitors also assisted Dr. Cowan at Developmental Paediatric sessions which were introduced at Northern Parade and Prince Albert Road on alternate weeks.

Vision testing of all children at 3½ years commenced. Introductory lectures in Stycar vision testing techniques were given by Dr. Cowan. Mrs. Andrews and Mrs. Adams, both of whom had previous experience of the procedure, assisted in the practical training of Health Visiting staff, which took place in the Local Authority Day Nurseries through the unfailing co-operation of the Matrons, Miss Giles and Miss Dodd.

Earlier detection of colour vision defects was felt to be desirable.

School Nurses and Health Visitors undertook colour vision testing at 11 years instead of 13 years.

Due to the steady expansion of Domiciliary Family Planning, it became evident that Dr. Whitwham required assistance with the follow-up of clients receiving this service. Mrs. Welch, Health Visitor in partnership with Dr. Eddings and Dr. Whitwham, agreed to undertake this additional duty. She attended a series of lectures at the Margaret Pike Family Planning Centre in London.

Mrs. Anderson, Health Visitor, participated regularly with Dr. Monro and Mr. Rose, Mental Welfare Officer, in a newly formed discussion group for parents of severely subnormal children.

Acting upon the suggestions of field staff, Miss Parker and Mrs. Botting compiled a revised syllabus for Mothercraft and Parentcraft talks.

1970 saw the publication of a home safety booklet entitled "Cot and Pram Safety" compiled at the request of the Health Visitors and incorporating the hazards most frequently encountered by them.

A working party of Health Visitors under the leadership of Miss M. Dancer, Tutor to the Community Nursing Services, produced a booklet on Health Visiting in Portsmouth for the benefit of professional colleagues and a pamphlet on the same subject for members of the public.

Throughout the year there was increased awareness of the Battered Child Syndrome. In April, Health Visitor staff were alerted to this problem through an in-service training session arranged by Miss Dancer. In June a working party, of whom the Superintendent Health Visitor is a member, was formed under the chairmanship of Dr. Hilton.

Other in-service training sessions were also arranged to enable the staff to perform their new duties and to enable them to assist their clients. The sessions included:-

Dr. M. Sheridan's tapes and slides on developmental paediatrics;

A short course on teaching techniques was arranged for the Public Health Nurses and School Nurses;

Mrs. Ashdown, Southern Gas Board, spoke to the staff on conversion to natural gas;

All members of staff participated in the preparation for decimalisation programme arranged by Mr. Jenkins;

Mr. Burrell, Senior Solicitor, Town Clerk's Department, talked to the staff on legal aspects affecting their work.

In addition to in-service training the following members of staff attended refresher courses - Mrs. Anderson, Miss Jamieson, Miss Disbrowe, Mrs. Welch and Mrs. Godden. At the invitation of Mr. Vinten, Principal Tutor, St. James's Hospital, Milton, Miss Hall and Mrs. Adams spent one week with student Health Visitors obtaining psychiatric experience. Miss J. Andrews undertook the first part of a two part first line management course.

Mrs. Livingston attended a course on General Practitioner attachment mounted by Queen's Institute of District Nurses.

The Medical Research Council's investigation of Infective Hepatitis continued. Health Visitors followed up all cases of the disease notified to the Department.

An experiment in the use of dictating machines was carried out by staff based at Russell Street. Three staff were issued with machines. Three other members of staff acted as controls. The result showed a reduction by three quarters in time spent on clerical work during July, August, September and October.

Staff with Grundigs 16 hours 54 minutes

Controls 64 hours 50 minutes

There were increased pressures from training bodies for community care experience for their students. 133 student nurses made whole or half day visits of observation with Health Visiting staff. This was an increase of 39 on 1969. In addition 73 pupil midwives accompanied Health Visitors on home visits and attended Child Health Clinics with them.

Health Visiting staff continued their activities in the Health Education field. Regular sessions were held at Kingston, Hilsea and Milton Secondary Modern

Schools. Miss V. Hall continued to pay her weekly visit to the Salvation Army Hostel, Villiers Road. Miss V. Albertolli, Group Adviser Health Visitor, gave 41 talks on the sexually transmitted diseases in schools, to teaching staff, student and youth groups.

33 Mothercraft and Parentcraft sessions were undertaken, and 88 talks were given on general health topics.

There was an alarming drop in the number of home visits this year. This could be due in part to the increase in devastated areas of the City prior to re-development. The decrease in home visits corresponds to the sharp rise in fixed sessions. Some of these may be attributed to the introduction of vision testing of pre-school children and the attendance at developmental assessment sessions. More are due to increased time spent in General Practitioners' surgeries. Liaison schemes inevitably result in an increase in time spent at the office writing reports or messages for colleagues and in making contact by telephone. (see table 24 for visiting statistics).

Summary and Future Requirements:

Many new services were introduced in 1970 which should result in an improved service to the public. However it is important to ensure that the present high standard of Health Visiting is maintained following the introduction of General Practitioner Partnership.

Records of staff involved in the partnership pilot scheme have shown a decrease in the total number of home visits. There has been a redistribution in the age of clients visited with a decline in visits to pre-school children and a substantial increase in visits to the elderly. This would indicate an unmet need for basic visiting to elderly clients. There has been a slight increase in fruitless home visits which would have had little consequence for staff working on a geographical area but which prove frustrating and time consuming when spread throughout the city. It is alarming to see the increased amount of time spent away from the client largely due to sessions in the office and in discussion with the General Practitioners. (statistics attached).

The Grundig pilot scheme was an undoubted success in reducing time spent on clerical duties. The increased use of dictating machines and typing/clerical help would release the staff from the increased clerical load. A review, with a view to redrafting all Health Visiting records and forms, would enable staff to provide the information required with the minimum of time and effort.

The use of Clinic Auxiliaries for non Health Visiting duties at Child Health Clinics could be investigated once again.

The need for counselling of male patients at the Special Treatment Centre has been brought to my notice by Miss Albertolli and her colleagues. No contact tracing is carried out in public houses in this City, as is customary in other parts of the country, due to the unsavoury character of the places frequented by the Centre's clientele.

There is also a need to promote health education in schools, especially boys' schools, on the subject of the sexually transmitted diseases and on general health topics.

The appointment of a male Health Visiting Officer would provide a means of overcoming some of these deficiencies.

Reorganisation of the school nursing service to improve co-ordination and to provide a more comprehensive service is long overdue.

MIDWIFERY SERVICE

As in other years the domiciliary midwives have continued to play a dominant part in the total midwifery services of the City.

During its second year the General Practitioner Maternity Unit's bookings, deliveries and nursings have increased considerably. On the other hand, the numbers of home deliveries have decreased. This is in keeping with the Department of Health's national policy which was reiterated in the Peel report published this year. (see tables 26 + 27 for statistics).

Out of the 3,022 City of Portsmouth mothers delivered of babies in 1970 Domiciliary Midwives

(a)	Attended in labour	1,317 Mothers
(b)	Booked and shared pre-natal care with General Practitioner	1,866 Mothers
(c)	Hospital bookings visited and advised in preparation for the baby	633 Mothers
(d)	Nursed post natally for 3 - 14 days	2,810 Mothers and Babies.

Therefore, only 212 mothers and babies did not receive any care from a domiciliary midwife.

Mothercraft and Parentcraft Classes:

More thought has been given to the subject matter of these classes, especially for the expectant fathers including the opportunity to talk and ask questions of a doctor.

These are still held at the four centres in the City, Cosham, Hilsea, Fratton and Eastney, the midwives being supported in this essential teaching by the Health Visitor.

	1970	1969
Total number of courses	24	24
Total number of persons attending	601	511
Total number of attendances	2,127	2,236

Training of Student Midwives:

This continues to be an essential and important part of the work of the midwifery service. Both the practical and theoretical teaching involving a great deal of time not only for the midwifery staff but also the community nurse tutor and other members of the Local Authority services.

From 1st March the Part 2 training school took only pupils who wished to do six months training on the district.

- 19 students commenced training.
- 17 passed at the first attempt.
- 1 on the second attempt.
- 1 discontinued her training.

In the second year of the Integrated Course

- 49 students commenced training.

38 passed at the first attempt.
 4 passed at the second attempt.
 2 passed at the third attempt.
 2 failed twice and did not resit.
 2 withdrew during the Course.

General Practitioner Partnership Scheme:

On 1st September after a great deal of preparation and discussion with all concerned, 24 full time midwives embarked on a partnership scheme with all general practitioners in Portsmouth. The midwives, having previously worked in confined areas, had to get accustomed to spending considerably more time travelling over much wider areas. Both doctors and midwives have had to adjust themselves together with their patients to the new policy. It has, however, been most gratifying to see it developing with surprisingly few problems.

Pre-Natal Clinics:

From the beginning of September to fit in with the new partnership scheme, local authority medical officers were withdrawn from the pre-natal clinics. This has put an increased responsibility on the midwives but they are maintaining the high standard of care which the patients have come to expect.

At the same time many more midwives were invited to attend the pre-natal sessions in their doctor's surgeries. There they see both hospital and domiciliary booked patients which widens their work considerably.

Total Number of Pre-natal Sessions:

Local Authority clinics	7 weekly
General Practitioner surgeries	13 weekly
	6 fortnightly
	2 monthly

National Birthday Trust Perinatal Survey:

The midwives took part in the survey in April. A very comprehensive form had to be filled in for every birth taking place in one specific week.

This necessitated a great deal of questioning of the mothers and checking on records. The numbers of patients involved in the City were 60 of which the domiciliary midwives dealt with 27.

Eddystone Nursing Home:

The last of the nursing homes in Portsmouth closed at the end of April. All midwifery services are now covered by National Health Service.

Main Aim for 1971:

To extend all pre-natal and post-natal care. All expectant mothers booked to hospital will receive a pre-natal visit from the domiciliary midwife.

Special care with the help of the Local Authority Medical Social Worker will be given to unmarried mothers and those with social problems.

DISTRICT NURSING SERVICE

Little change was noticed in the type of work referred. As usual, there was well in evidence, the elderly patient living alone, dependent upon willing and even unwilling neighbours. The containing of these patients in the community with their attendant social problems, would be impossible without the Night Nursing, Home Help and Laundry Services. However, even with this available help, these patients are alone for long periods in the day, and the Nursing Sisters feel that there is a need here which is not being met. There also appeared to be an increase in the number of heavy patients, having rehabilitation care and some complicated terminal care patients, who required over a long period, the services of two nursing personnel at each visit.

All of this, together with the grossly inadequate number of staff, in part, resulted in a decrease in the total number of patients nursed and number of visits made compared with the previous year. (see table 29 for statistics).

Advertising for staff early in the year was unproductive, but towards the Autumn, recruitment improved, so much so, that an independant Nursing Group was formed above Portsbridge. This group of five District Trained Sisters, one S.R.N. staff Student, one male S.E.N. and two District Auxiliaries commenced to develop more direct liaison with the family doctors. By the end of the year, this was seen to be working well, and said to be more satisfactory to the patients, nursing staff and doctors. Although a marked increase in travelling time was commented upon by the staff, the extent of increase has not yet been established. The more direct liaison with Doctors, Health Visitors and Midwives has been most helpful and the social occasions at the onset were much enjoyed by the staff, and of course, the work involved appreciated.

Two District Nursing Sisters went on a Practical Work Instructors course and one Male Charge Nurse went on a course relating to Partnership with General Practitioners.

Portsmouth is a district training centre, and in May 6 State Registered Nurses from Portsmouth and one from the Isle of Wight were successful in passing the District Nursing Examination and received their certificates. It would be in keeping here, to mention the increasing number of Students from the Portsmouth Group Hospitals and elsewhere, who, for varying periods of time, have accompanied the Sisters to gain some insight of the work undertaken by them in the community. Although it is realised that this an important part of the District Nursing Sisters' duties, it nevertheless, makes a heavy demand upon nursing time. As it would appear that in future, more and more Students from varying disciplines will be receiving community care experience, it is to be hoped that the staff complement will be increased to meet the need.

Mrs. West, a Senior Nursing Sister and Practical Work Instructor, resigned at the end of the year. Her loyal help and devoted service will be greatly missed by patients, staff and doctors.

DENTAL SERVICE

by

Mr. P. D. BRISTOW

After 22 years of the National Health Service, dental disease should be well under control. Unfortunately very little stress has been made on prevention - the National Health Dental scale of fees for instance makes no provision for preventive measures. So whilst more people are receiving more regular dental care (though only still 1 in 3 adults in 1968 were receiving regular dental care)¹ dental disease is still the most common disease in this country, hence I am more concerned with prevention than treatment and my Report is orientated in this way. (see table 30 for treatment statistics).

Pre-School Children:

The number examined annually is on the increase as shown in Table 30.

1966	1967	1968	1969	1970
227	215	518	662	896

Welfare Clinics:

Monthly attendances were made at Epworth Road Child Health Clinic for the purpose of examining the mouths of children under five years of age and making advice available in preventive measures. Referral for dental treatment to the Local Authority's Clinic was offered where necessary.

The remaining Child Health Clinics were not attended owing to staff shortage.

Three Year Old Children - Reminder Scheme:

Because of staff shortages it has been necessary to cut down on the number of parents reminded by post-card that their three year old child is due for dental examination if this has not already been carried out. Table 31 gives the details.

The Decayed + Missing + Filled or D.M.F. per patient requiring treatment = 3

The D.M.F. per patient examined = 0.7

The total response was 29.5% (31%) that is taking columns B and C together.

This takes no account of those who reacted by contacting their own dentists.

Of those requiring treatment it is interesting to note that even at 3 to 4 years of age nearly three fillings were required on average and that every fourth patient required an extraction. This is the most dentally deprived section of the community. To send them all a reminder to see the dentist should be a top priority and in not doing so the Service is failing this section of the community.

Mr. Allmark Reports:

Pre-Natal Clinics:

During the year, weekly attendances were made at three Ante-Natal Clinics, viz. Clive Road, Eastney and Northern Parade for the purpose of examining the teeth of expectant mothers and making advice available on dental care. Approximately half of those examined required treatment.

The remaining three Ante-Natal Clinics were not attended owing to staff shortage.

Child Health Clinics:

Monthly attendances were made at Epworth Road Child Health Clinic for the purpose of examining the mouths of children under five years of age and making advice available in preventive measures. Referral for dental treatment to the Local Authority's Clinic was offered where necessary.

The remaining Child Health Clinics were not attended owing to staff shortage.

Prevention:

Fluoridation of the water supplies would be a much less expensive and a far more effective way of dealing with dental disease amongst pre-school children. The child we are now failing would thus be reached and would be saved a lot of unnecessary treatment at an age when it is more difficult to accept it. In addition, before 7 years of age children cannot adequately care for their own teeth and gums. Parents incidentally would also be saved a certain amount of unnecessary distress.

Geriatric Care:

Our community care has been extended this year to the elderly. Below is a report on a survey of Alexandra House and Samuel Lodge Geriatric Homes. (see also table 32).

Of the 42 (61 - 19) who would under ideal circumstances benefit from treatment half have floating lowers (that is lower dentures which do not fit, have not fitted for years but patients are nevertheless able to manage with them). These lower dentures should be relined or in a few cases, remade.

At these two Homes there were 61 patients out of 89 patients who could be regarded, from a technical point of view, as requiring treatment to render them dentally fit. The number who would benefit and accept treatment was only 19. This disparity exists because there are a number of patients who would refuse to have treatment anyway, such as those who had never had dentures or who had, but had never worn them; in addition there are those for whom - because of their age or general condition - one would feel it would be a burden to carry out any treatment.

Oral Hygiene:

It is of interest that the older the denture the less care they appear to get - the more filthy they are. Over half of the dentures were over 20 years of age and nearly a quarter over 30 years of age.

New dentures, that is dentures of 6 to 7 years of age or less, are almost invariably more clean. Whilst it is harder to keep older dentures clean, this is only part of the answer. Are the new dentures cleaner because the patients are especially concerned about their dentures and thus obtain new ones regularly or is there some other explanation? Dentures should be changed every 5 to 7 years. Certainly a denture cleaning service is very desirable in all Welfare Homes and as you can see, 27 or over half of the dentures required cleaning in Alexandra House and 24, or again over half at Samuel Lodge.

Some further explanation may be required as to the differentiation between the number requiring treatment to render them dentally fit and the number of treatments indicated. Those patients who are not getting treatment to make them dentally fit in the ideal category are not likely to suffer severe ill-health. Much of the treatment carried out for the elderly, such as the Chiropody Service for instance, is carried out because anything that relieves the burden of old age must

be to the general benefit and aid the general well-being of the individual, and thus the provision of dentures which fit or the removal of broken down teeth, all helps to make life more bearable. Undesirable lesions can be produced by rough septic surfaces in the mouth. Now follows a summary of the treatment recommended.

Summary of Recommended Treatment - Both Houses

Number of F/F dentures	12	Number of Repairs	
Number of single dentures		Number of easing or other	1
- upper or lower -	-	Dentures cleaned	51
Number of part dentures	-		
Number of relines	6		

At Samuel Lodge there are only four people who had teeth present - principally extractions - and who required the provision of full dentures. At Alexandra House there was a similar picture where six people were involved - again with six extractions and provision of six sets of full upper and lower dentures. None of the patients felt that they required any treatment but in all cases the teeth or gums were septic. In both Houses it was noticeable that the oral hygiene was, on average, poor, whereas those wearing full upper and lower dentures - the oral oral hygiene appears to be average or good. Another interesting column is the patients and the dentist's separate assessments of the satisfactory nature of their dentures. There is not much disparity. (see also table 33 for statistics).

Dentures:

The most common failing in dentures is the fact that they are overclosed; this appears to be more of a problem than ill-fitting ones. This is generally because dentures have been worn for too many years and have not been replaced frequently enough to compensate for bone loss.

Gum Condition:

On the average, the gum condition was satisfactory but it is worth while noting that of those persons with teeth present, even though the teeth may be sound all had pocketing around them or in other words, severe periodontal disease. All these teeth required extraction therefore for periodontal reasons.

Conclusions:

In conclusion, may I quote from an editorial of the Journal of Public Health² ... "the best way to cut costs of the National Health Service is to cut down the number of sick people" and again "compared in fact with the costs of treatment, the cost of prevention can be small. Most preventive measures are delayed less because of what they cost in money than because they demand of politicians vision and a sense of purpose which are not comprehended in the pattern of party government".

References :

1. Adult Dental Health in England and Wales - Bulman et al. H.M.S.O.
2. Editorial, Public Health. 85/2:53. Jan. 1971

AMBULANCE SERVICE

by

Mr. T. F. Ward

General Comment:

A year of variations in patient conveyance when at times the resources of the Ambulance Service were stretched to the limit, but on other occasions were underemployed because of events. In April, June, July and September the patient carrying demand completely absorbed the staff and vehicles available - particularly staff - and on many occasions there were delays to certain categories of patients. In January the outbreak of influenza affected hospital staffs, the ambulance staff to some degree and also some outpatient groups and in consequence there was an appreciable reduction in patient conveyance; the industrial action taken by ambulancemen from the 5th October to the 5th November reduced patient conveyance very considerably and in comparison with the same months of the previous year the reduction was about 11,000 patients.(table 34)

Patients Conveyed:

The total number of patients conveyed during the year was 101,290 covering 425,992 miles. The directly provided service transported 100,333 patients covering 367,659 miles and the supplementary services carried 957 patients covering 58,333 miles; those conveyed by the directly provided service comprised of 13,159 stretcher cases, 25,741 two man lift cases and 61,433 walking cases. In addition to the patients conveyed there were 5,059 requests that were abortive journeys. The peak hours of patient conveyance continued to be between 0800 and 1700 hours with concentrations of demand between 0830 and 1030 hours and between 1500 and 1700 hours. These concentrations generally were more than could be absorbed by the manpower available and inevitably there were delays. The highest number conveyed on any one day was 513 the highest monthly total was 10,368 in July; the main users were the Hospital Authorities, the Local Authority requests were, however, 19% of the total conveyed.(table34)

Emergency Calls:

During the year there were 4,761 emergency calls via the "999" system and as a result of these calls there were 4,385 accident and emergency cases conveyed, covering 23,012 miles. Compared with last year the calls increased by 3.4%, the number of cases by 4.2% and the mileage by 7.4%, these are modest increases in comparison with some previous years, nevertheless this aspect of ambulance service continues ever upward and in comparison with five years ago (1965) calls increased by 18.1% and accident and emergency cases by 20.5%. This trend is probably due to an ever widening public knowledge of the "999" system and the help that such calls bring to those in need. There were, of course, a number of emergency call cases that medical investigation proved to be of a minor nature, but at the time of occurrence they probably appeared to be serious to those concerned and in consequence relatives or bystanders dialled "999" for an ambulance. Again, about 12% of emergency calls were to incidents wherein there were no casualties, but such calls were made with good intent and indicated public awareness of the need to summon help quickly. During the year there were 55 malicious calls and even though a small percentage of the whole they caused ambulances to be engaged when they could well have been needed for genuine cases.(table35)

Accidents:

The Ambulance Service conveyed 881 people who were injured in road accidents during the year, a reduction of 4.1% in comparison with last year and 15.8% less than in the year 1965. The highest monthly total of road accident cases was 102 in December, the highest number on any one day was 11 and the highest number from any one incident was 6. There were 79 incidents with two casualties, 19 incidents with three injured, 7 incidents had four, 2 incidents had 5 casualties and 1 had six. About 6% of road accident cases occurred between midnight and 0600 hours, 22% between 0600 and 1200 hours, 42% between mid-day and 1800 hours and 30% between 1800 and midnight - these times of occurrence are almost identical with those of last year.

People who were injured through causes other than road accidents totalled 1,538 an increase of 7.1% in comparison with last year and a 34.7% increase compared with five years ago. August had the highest monthly total for this group with 180 injured, the highest number on any one day was 15 and the highest number from any one incident was 3. About 5% of the people so injured occurred between midnight and 0600 hours, 24% between 0600 and 1200 hours, 47% between mid-day and 1800 hours and 24% between 1800 and 2400 hours - again very little variation when compared with last year.(table 35)

Sudden Illness:

There were 1,558 people who suffered sudden illness or a rapid deterioration of an existing illness during the year, an increase of 3.7% compared with last year and 33.8% more than in 1965. The highest monthly total was 164 in July and the highest number on any one day was 12. Approximately 11% of these cases occurred between midnight and 0600 hours, 23% between 0600 and 1200 hours, 40% between mid-day and 1800 hours and 26% between 1800 and midnight - although the pattern was much the same as last year, there were slightly more in the early hours of the morning and slightly less in the afternoon and evening. (table 35)

Emergency Maternity Service:

The total emergency maternity cases for the year was 73, an increase of 30.3% in comparison with last year and of 10.6% compared with five years ago. The highest monthly total was 13 in March, the highest number on any one day was 2. The need for ambulance service arose for 31% of cases between midnight and 0600 hours, for 29% between 0600 and 1200 hours, 22% between mid-day and 1800 hours and for 18% between 1800 and 2400 hours. Except for the early hours of the morning (M.N. — 06), the times of occurrence altered considerably in comparison with last year e.g., last year it was 36% during the evening, this year it was 18%. (Table 35).

Poisoning:

There was a total of 262 pill overdose cases during the year, an increase of 16.4% when compared with last year and was 75.8% more than in 1965. The highest monthly total was 33 in September and in October, the highest number on any one day was 7 and the highest number from any one place was 5. In general the occurrence times were similar to last year with 14% occurring between midnight and 0600 hours, 15% between 0600 and 1200 hours, 38% between 1200 and 1800 hours and 33% between 1800 and midnight.(table 35)

The total number of coal gas poisoning cases during the year was 13, a decrease of 18.7% and of 59.3% in comparison with last year and with five years ago. December had the highest monthly total of 3; of the 13 cases, 2 occurred between midnight and 0600 hours, one between 0600 and 1200 hours, 9

between 1200 and 1800 hours and one between 1800 hours and midnight - this pattern is the same as in the previous year.

Burns and Scalds:

During the year the number of people who suffered burns and scalds was 57, an increase of 26.6% in comparison with last year and was 16.3% more than in 1965. The highest monthly total was 9 in March, the highest number on any one day was 2, and the highest number from one incident was 2.

The times of occurrence show that 3% occurred between midnight and 0600 hours, 28% between 0600 and 1200 hours, 42% between mid-day and 1800 hours and 27% between 1800 and midnight - this distribution is almost the same as that of last year.(table 35)

Drowning:

There were only 3 cases of partial drowning during the year - one occurred in March, one in May and one in September. In comparison with last year this is a 50% reduction and compared with five years ago is 72.7% less. One occurred between 0600 hours and mid-day, the other two in the afternoon.(table 35)

Emergency Service - General:

Those who suffered injury in road accidents or through some other cause made the greatest demand for emergency call conveyance and were 55.1% of all emergency call cases. The gravity of the injuries varied considerably from simple cuts and bruises to those with serious multiple injuries that required all the skills of the ambulancemen to get them into hospital alive. The next highest group were those afflicted by sudden illness, which was 35.5% of the whole and these varied in degree from slight to serious. An appreciable number of them were elderly people who, one suspects, should have consulted their family doctor before subjecting themselves to the strains involved in long walks, shopping, etc. The third highest group were drug overdoses and were 6% of all cases, the degree of seriousness varied from dozing to deeply unconscious, there were a few suffering hallucinations that were difficult to handle. Cases of coal gas poisoning have decreased in recent years to a comparatively low figure and with the increasing use of natural gas this group of emergency call cases will further decrease. Whilst there was an increase in cases of burns and scalds in comparison with last year, the total was only 1.3% of all emergency call cases and considering the number of fireplaces, electric fires and other instruments and things that could cause burns, this was a low figure and one can say that to some degree the lectures and demonstrations given by members of the Fire Brigade to the public keeps this group of casualties at a low level. Considering that the City is almost surrounded by water and with one or two potentially dangerous water pools (e.g. Great Salterns Lake; Hilsea Moat) there was an amazingly low number of drowning cases.

The highest monthly total for emergencies was in July and the lowest in February; on average the busiest days were Fridays and Saturdays. The average time taken from the receipt of the call to arrival at the incident was 5.7 minutes and from receipt of the call to arrival at hospital was 17.6 minutes.

A minor survey of emergency calls for children aged five years and under showed that the total involved was 274, approximately 6% of all emergency call cases conveyed. Of this number 36 were injured in road accidents; 130 were injured through other causes; 76 were cases of illness; 14 swallowed various types of pills; 18 suffered burns or scalds. There were no cases of drowning or of coal gas poisoning during the year conveyed by ambulance.

About 60% of this age group required ambulance aid because of injuries received either in road accidents or through some other cause and the injuries were caused by falls and road accidents, but other causes of injury included doors slamming on hands, fish hooks, dog bites, broken glass, rusty wire, insect stings, knives, etc. Approximately 28% required ambulance aid because of illness - convulsions being the most frequent, but an appreciable number of calls were for children suffering from breathing difficulties. Those who swallowed pills were 5% of this age group and burns and scalds were 6% of the total.

Articles swallowed by children of this age group included a variety of pills (in three cases oral contraception pills) coins, nails, a pin, white spirit, turpentine, bleach, a marble, toilet disinfectant, bottles of medicine - in one case a small plastic spoon.

The youngest case conveyed was five days old.

There were two emergency removals by helicopter during the year, one from St. Mary's Hospital to Oxford and one from the Royal Portsmouth Hospital to Stoke Mandeville.(table 36)

Flying Squad:

During the year there were 117 calls from the Emergency Obstetric Service, 98 of them for cases in the County area and 19 for cases in the City. The total patients conveyed as a result of these calls was 86, of these 69 were from S.E. Hampshire and 17 from within the City.

The average time from the receipt of the call until an ambulance was available was 4 minutes; the average time from the call until arrival at the patients' address was 27 minutes; the average time spent at the patients address by the flying squad team was 43 minutes; the average time from call until the ambulance was clear was 1 hour 33 minutes. The average miles per call was 19.7.

The number of calls received between midnight and 0600 hours was 29, between 0600 and mid-day was 28, between 1200 and 1800 hours was 36 and between 1800 and midnight was 24. The highest number of calls on any one day was three.

Patient Transport:

In comparison with the previous year patients transported to hospitals and other medical establishments decreased by about 10%, the factors mentioned in paragraph 1. (influenza outbreak; industrial action) may be a reason for this reduction, it was also more noticeable this year the reduction in the number of patients being admitted to private nursing homes. Again this year most admissions to hospitals had some degree of priority of removal given them by the requesting doctor and comparatively few cases were given "a.m./p.m." as admission timing.

Discharges from medical establishments decreased by 16% in comparison with last year - the industrial action was the main reason for the decrease. Because of a low priority of removal given to these cases there were some complaints about delay.

There was a decrease of approximately 1% in inter-hospital and other transfers compared with last year - again due to the industrial action taken by ambulance-men, the small percentage decrease indicates that had there been normal working throughout the year this category of patient would have shown an appreciable increase.

Outpatients decreased by 11% in comparison with the previous year and for the

same reasons as given above. The highest demand in this category was for the conveyance of physical medicine cases and was 31% of all outpatients; the lowest demand was for maternity outpatients. The highest demand in the Local Authority cases was for chiropody and these were about 6% of all outpatients.

Training:

Training during the year was provided as follows - 11 trainee ambulancemen had one week of post entry training; 8 ambulancemen had a six week basic training course at the Ambulance Training School, Bishops Waltham; 2 ambulancemen had a two week qualifying course at the same School; one shift leader qualified as an instructor on a course run by the Department of Health and Social Security at Wrenbury Hall, Cheshire; 2 members of the staff had decimal training under the Departmental Training Officer; the Deputy Ambulance Officer had a one day course on report writing and the Ambulance Officer had two one day seminars on management subjects - these were organised by the Management Services Officer.

Staff:

There were 13 members of the staff who left the Service during this year - one control officer, one shift leader and three ambulancemen retired on age limit; two ambulancemen joined bus companies; two ambulancemen went to industry; one transferred to the G.L.C. Ambulance Service; one re-joined the Royal Air Force; one emigrated to Australia and joined the Perth Ambulance Service; one part-time cleaner left for domestic reasons.

Productivity Scheme:

Under the direction of the Medical Officer of Health and the Management Services Officer a Joint Productivity Committee was established to examine, discuss and propose any scheme to improve efficiency and make savings that that could be paid as a bonus. The Committee met on five occasions to discuss the findings of the Work Study Officer and his team and by the end of the year there was the possibility of a scheme that could be acceptable to the staff concerned.

No disciplinary action beyond Ambulance Officer level was necessary during the year and, with the exception of the period of industrial action, all staff worked well.

Vehicles:

The planned vehicle replacement programme was cancelled for this year due to the financial situation and only one additional ambulance vehicle was purchased. The continued use of those vehicles due for replacement caused embarrassment at times because of breakdowns and this reduced the complement available for patient conveyance - fortunately no breakdown on the road caused any distress to patients. The other difficulty experienced was in obtaining spare parts for these vehicles and in one instance there was a delay of six weeks for a replacement steering box.

"Out of Hours" Service:

The "after office hours" duty of the Ambulance Service regarding the midwives rota, the Mental Welfare Officers' rota and the Social Welfare Officers' rota in general operated very well during the year; calls for the Medical Officer on week-end duty presented no problems; calls from the public after office hours were all dealt with satisfactorily by the Control Room staff.

Visitors:

There were various visitors to the Main Station during the year and in addition to the Medical Officer of Health other visiting members of the medical profession were Dr. Rowe, Department of Health and Social Security; Dr. Argent; Dr. Aitkin Ross; Drs. Plowright and John from the Department; Dr. Dawe, Deputy Medical Officer of Health, Havant; Dr. Boucher. Other visitors included Mrs. Childs, Council for Social Services; representatives from Cyprus, Mauritius, Nigeria; hospital student nurses and trainee administrators; police cadets; Corporation induction classes; etc. Talks on the Service were given to various organisations during the year.

COMMUNICABLE DISEASES

by

Dr. C. Gazidis

The infectious diseases still lurk in the background of national life. Occasionally there is a breach of community defences and an outbreak and even epidemics still do occur. There is no reason to suppose that we can relax our vigilance and must not only aim to defend the people against these diseases but also to attack them with the whole armamentarium of preventive and curative medicine.

The main events of note during the year were the epidemic of measles in the summer, the high number of cases of infective hepatitis notified in the Portsea area and the trial of the new rubella vaccine conducted in City Schools.

One of the main ways in which a number of infectious diseases can be prevented is by immunisation. The main problem in utilising this weapon is to get acceptance by the people. This involves winning and maintaining their confidence in our present programme and in changes which we introduce. This is no easy task but is absolutely vital to prevention. To have available a reliable and safe vaccine which medical laboratory science develops is not enough, as our failure with the measles vaccination programme showed. Health education and a sound computer-based monitoring system are important adjuncts in the efforts to gain and maintain public confidence, but in the last analysis it is the extent to which people believe that we have their interests at heart that determines their response. Lower-income families tend to respond less readily to accepting immunisation and we have to yet solve the problem of reaching these families who are generally also the most 'at risk'. Domiciliary immunisation visits to mothers with large families have been instituted on a small scale and should go some way to improving acceptance. The infectious disease statistics for Portsmouth for 1970 are shown in table 40.

Smallpox:

Again no cases of smallpox was notified during the year. The rate of vaccination remained low. This year only 34% (1,049) of the children under the age of two years were vaccinated, compared with 36% (1,309) for 1969. (The national average last year was 35%). No serious side-effects from vaccination were reported. Table 41 shows that the total number of primary vaccinations dropped to 1,976 in 1970, compared with 2,022 in 1969.

In accordance with the recommendations of the Department of Health and Social Security, children are vaccinated in the second year of life, except for a few younger children going abroad with parents and requiring international certificates. A letter encouraging mothers to have their children vaccinated against smallpox is given to each mother in the clinics when she presents her child for the third dose of triple vaccine.

The parents of children who have reached the age of thirteen months and for whom we have no record card are sent reminder letters encouraging them to have their children vaccinated.

960 (882) international certificates were completed at our own Vaccination Clinic, and 3,971 (2,013) were brought to the Vaccination Office for counter-signing.

DIPHTHERIA, TETANUS AND WHOOPING COUGH.

Diphtheria and Tetanus:

No case of either disease was notified during the year. The last death from diphtheria occurred in 1951.

Whooping Cough:

There were 45 cases notified during the year. 23 cases (52%) were children under the age of five years. Of the 45 cases, 18 (40%) had been previously immunised and of these only one had been fully immunised the year before. For the remaining 27 cases we could find no record of previous immunisations.

Immunisation against Diphtheria, Whooping Cough and Tetanus:

Primary immunisations with triple vaccine are carried out from the age of four months. The doses are given at a six week interval for the second dose and six months for the third dose. On the completion of the course of immunisation at the clinics the parent is given a record card of the immunisation.

Where the old schedule of giving three doses at monthly intervals was used, booster doses of triple vaccine are given to infants when they reach the age of eighteen months. Monthly lists of children due for these booster doses are sent to the particular general practitioners. This schedule has now been abandoned by the Health Department and most family doctors. 582 of these booster doses were given during 1970 by the general practitioners but only a very few at the child health clinics. This total is half of the number given last year (1173) and should be very much smaller next year.

Booster doses of diphtheria/tetanus vaccine are offered to all children entering infants schools. The dosage given is 0.1 ml. A small proportion of children immunised (8.2%) did not have a course of immunisations in infancy. They are given two injections of 0.5 ml. vaccine six weeks apart and parents are advised to have a third dose of tetanus toxoid given in six months.

The number of children who received the complete course is shown in table 42.

The number of children primarily immunised since the inception of the Scheme in 1935 is 133,423. Table 43 indicates the work done during the past ten years.

The number of children completing their course of primary immunisation has risen over last year's figure but we have yet to achieve the levels of completion achieved with the old schedule. The number of school entrants receiving a 'booster' dose has dropped once again. This is disturbing to note and it is hoped to pay some attention to this problem.

The proportion immunised by the various agencies (shown as a percentage of children under the age of five years) was:-

	1970	1969	1968	1967	1966
Clinics	38.4	25.1	31.6	33.9	35.7
Nurseries	0.6	0.2	0.2	0.3	0.4
General Practitioners	61.0	74.7	68.2	65.8	63.9

Six-monthly visits to the Authority's infants schools continued. The help given by the head teachers and secretaries has again been excellent. It is intended that in future only one annual visit to each school will be made.

For the first time in five years the proportion of children immunised at the child health clinics has risen rather dramatically to the highest level for this

period. The time is clearly a long way off when the general practitioners will be immunising all the children on their lists.

Reactions:

Out of 839 children immunised with triple vaccine in the child health clinics and nurseries, eighty nine (10.6%) were known to have had mild or moderate reactions. There were no severe reactions. Whenever any reaction is reported the pertussis fraction is omitted from the rest of the course. No reactions to the diphtheria/tetanus vaccine have ever been reported.

Protective Value of Triple Vaccine:

The tetanus and diphtheria toxoids are probably the best vaccines available in terms of immunogenicity and safety. Doubts about the efficiency of the whooping cough vaccine are confirmed by our figures which show that of the 45 notified cases, 18 (40%) had been previously immunised. It has to be borne in mind however that the proportion of immunised children notified as having developed whooping cough rises with increasing age, which might suggest that the vaccine offers some short-term immunity.

Although the numbers are small they show that the proportion of immunised children developing whooping cough is small when one bears in mind that almost 80% of children in the City were fully immunised in 1969. (see Table 44). The chi-squared test when applied to this table shows a high degree of significance ($p < 0.01$).

It may be that pertussis vaccine offers some degree of immunity. We are persevering with it at the clinics. In October the absorbed vaccine was discontinued and a plain vaccine with a higher concentration of pertussis was brought into use. A further evaluation will be made next year.

Tetanus Immunisation:

Tetanus immunisation is usually given in the triple vaccine for the under-fives, and diphtheria and tetanus vaccine for the children at school entry, while tetanus vaccine alone is given to adults.

In adulthood the protection against tetanus needs to be boosted. It has been recommended by the Department of Health and Social Security that school leavers should be given booster doses of tetanus toxoid.

This year we have arranged to have the consent cards completed for the school leaver booster doses, and now that we have the approval of the Chief Education Officer we anticipate giving these doses in the schools early in 1971. These doses will be given at the same time as booster doses of poliomyelitis vaccine which are also given to school leavers. (Table 45 indicates the numbers immunised in 1970.)

In addition to the numbers shown 50 persons were given first doses, 105 second doses, 32 third doses and 122 reinforcing doses by the general practitioners.

Poliomyelitis:

No cases of poliomyelitis were notified during the year. There has not been a single case notified in the City since the Sabin-oral vaccine was introduced in 1962.

Poliomyelitis Vaccinations 1970.

The number of completed primary courses is shown in table 46 and table 47 shows the number of re-inforcing doses carried out.

The Sabin-oral vaccine is given concurrently with triple vaccine in the under-fives at the immunisation clinics and by most of the general practitioners. It remains the most acceptable vaccine to the public. Expectant mothers are offered vaccination when attending for examination at the ante-natal clinics.

Children who missed vaccination at infancy are offered it at school entry.

Distribution of Poliomyelitis Vaccine:

Vaccine is supplied to the general practitioners at the Vaccination Clinic St. Mary's Hospital, East Wing, but can also be obtained on prescription.

Tuberculosis:

Slow progress in eliminating this disease continues. There were 27 notifications of pulmonary T.B. this year, the lowest total ever recorded and 26% down on last year's total. The number of registered T.B. sufferers has also diminished to an all-time low of 854.

The disease is now occurring preponderantly in elderly men. There were 5 deaths from pulmonary during the year. All were men and three were over 65. The other two deaths were men in the age group 35 - 44 years old. (See tables in Chest Physicians report).

Tuberculosis is still regarded as a sensitive index of social conditions and it is as well to note that there is some way to go before poor living conditions have been completely eliminated and with them this dread disease which is still rampant among the poor of the world.

B.C.G. Vaccination of 13 Year Old School Children:

This is an important part of the campaign to eliminate tuberculosis. All Local Education Authority's schools are visited annually. A Tuberculosis Visitor from the Chest Clinic visited the schools and carried out the 'Heaf' test. The Immunisation Medical Officer visits the schools seven days later to read the results of the tests and to vaccinate the negative reactors. Positive reactors are referred for X-ray screening, except when there is a history of recent B.C.G. vaccination.

The acceptance rate amongst the 13 year old school children in the Local Education Authority's schools was 94.8% compared with 96.0% for 1969. This level can be considered most satisfactory. (See table 48).

The children who were either absent from school for 'Heaf' testing or vaccination, and who will have left school by the next annual visit to that school, were referred to the Consultant Chest Physician for this purpose.

Measles:

There were 1,758 cases notified during 1970, compared with 483 for 1969. 982 (56%) of these cases were in the 4 - 9 year old age group. The graph in table 50 shows the trend in measles notifications in the City over the past ten years.

Despite the availability of measles vaccine it is clear from this graph that the campaign to immunise all children was not fully effective. The pattern of the disease was altered in that the regular two yearly peak did not occur as expected in 1969, but there was an unexpected epidemic from May to September this year. This phenomenon occurred nationally.

It seems certain that the number of children vaccinated prevented the expected epidemic last year but by this summer there were enough susceptible children in the community to allow the disease to spread.

Acceptance of the vaccine is now largely achieved but there are still some mothers who are suspicious of the vaccine.

Measles Vaccination:

This is available to the 1 - 15 year old age group and is included in our routine immunisation programme in the second year of life. Table 51 indicates the number vaccinated in 1970

Influenza:

Although the current Schedule of Vaccination and Immunisation, which is recommended by the Department of Health and Social Security, does not include influenza immunisation, we did vaccinate at our own cost 392 key members of the Department of Public Health and Welfare Services staffs.

A further 78 firemen were also immunised at a cost to the Fire Service. There were a number of complaints of painful arms and some people developed heavy colds after the injection. The outbreak we had last year did not repeat itself this year so we have no means of assessing the effectivity of the vaccine.

Food Poisoning:

26 cases were notified during 1970, compared with 51 in 1969.

Dysentery:

50 cases were notified during 1970, compared with 60 in 1969.

Acute Meningitis:

Of the 25 cases notified during the year, 13 were meningococcal. In 1969 there were 28 cases, of which 7 were meningococcal.

Infective Jaundice:

The number of cases notified has risen to 55 for 1970, compared with 38 in 1969. This disease only became notifiable on the 15th June 1968.

The Health Visitors continue to visit notified cases and submit special reports. No common denominator has emerged from these reports as yet.

Towards the end of the year it was noticed that a large number of cases were clustering in Portsea and a small survey was conducted by Dr. Howells. This revealed low hygiene standards in the area, a history of contact with other known cases in many instances and shellfish eating and sea-swimming in some. The most significant finding was that a large number of cases were uncovered which had not been notified.

The estimated incubation period and course of the disease in all the cases examined suggests that the disease is infective hepatitis. It can only be eliminated by improvement in the conditions of life of the whole community.

Rubella:

During the course of the year the Department of Health and Social Security approved a rubella vaccine and made free supplies available to Local Authorities for six months to be used on girls in the 12 - 13 year old age group.

A trial of rubella vaccine was conducted in the City. Two different vaccines were used and blood tests taken. This trial was conducted in four girls' schools. The number of parents who agreed to allow their daughters to participate was

refreshingly high (85% of those approached) and the trial was very successfully completed. The full results will be available in the new year. The preliminary results are most encouraging and every girl who was not immune before being vaccinated became immune after the injection of vaccine. A few mild reactions were reported but these all cleared up in a short time.

It is now hoped in the future to test all girls in the 11 - 12 year old group every year and vaccinate those who have no immunity to this disease. In this way we should eliminate rubella as a cause of congenital abnormalities in unborn babies and all the attendant heart-ache and suffering.

**SPECIAL TREATMENT CENTRE.
SAINT MARYS GENERAL HOSPITAL, (WEST WING),
PORTSMOUTH**

by

Dr. J. M. Couchman

New Cases attending the S.T.C. in 1970 increased by 10% to 2464, the increase being the same for both sexes. The ratio of Male and Female cases remains at 1.7/1. The corresponding figure for 1950 was 614.

Incidence. All conditions have increased with the exception of syphilis which remains with a low incidence of about 1% of total cases. The corresponding percentage in 1950 was 15.

The incidence of gonorrhoea has increased by 12% over 1969, 23% in females and 7% in males. Teenagers constituted 32% of female cases and 9% of male cases. Non gonococcal urethritis in males has increased by 27%. Overall increase in non venereal conditions 10% females and 20% males.

Contact Tracing continues by means of contact slips and visiting and during 1970, 59.5% of gonorrhoea contacts were traced and treated. 94% of contacts of other conditions, chiefly the female partners of men with non gonococcal urethritis attended.

Sources. 46% of female patients attended of their own volition mostly with symptoms and anxieties relating to infection. The remaining female patients attended as contacts of male patients (43%) or were referred (11%).

The majority of male patients attended of their own volition and 15% were referred.

Health Education in relation to Sexually Transmitted Disease has been steadily expanding in special groups e.g. schools and clubs but in general there is still no large scale communication with the general public except sporadically by Press and Television. (see table 52 for statistics).

Tables 53 and 54 show the number of cases seen at the Special Treatment Centre who reside in the Portsmouth County Borough.

In addition to the cases seen at the Special Treatment Centre at Portsmouth, persons living within the County Borough were also seen at the Special Treatment Centre at Southampton and also at Winchester. The total number of persons from Portsmouth attending these centres was 39 and a more detailed analysis is shown in table 55.

REPORT OF THE MEDICAL SOCIAL WORKER ON CHEST CASES

by

Miss D. Maybin

During the year 140 Chest patients and 118 unsupported mothers were referred for help. These figures do not include clients who merely ask for information or advice about National Health Benefits, Pensions, etc. but are those who needed considerable help in dealing with complex problems.

For three months during 1970 the medical Social Worker's post was vacant and so the figures appear less than in 1969. Of the Chest patients 73 were suffering from Pulmonary Tuberculosis, 30 from Lung Cancer and 37 from Chronic Bronchitis, Asthma and other chest diseases.

As in previous years, considerable practical help was given by the Portsmouth Voluntary Care Committee for Tuberculosis and other Lung Diseases, and grants to pay for outstanding debts incurred through illness did much to alleviate patients' anxieties and thus helped them towards recovery.

The National Society for Cancer Relief again gave generous help to many of our patients and the Royal Naval Benevolent Trust are always willing to help ex-Naval personnel.

The Care Committee has continued to rent television sets for elderly patients confined to the house and also for those who are not well enough to get out of doors. They have also supplied art materials to several patients who are keen on painting and this has proved very valuable therapy.

Many of our patients previously living in poor conditions have been rehoused and the bright surroundings of the new accommodation with all the up-do-date amenities have also helped them towards recovery.

REPORT OF THE CONSULTANT CHEST PHYSICIAN**by****Dr. J. H. Dadds**

A residuum of tuberculous infection remains needing careful survey. More important is the rising tide of cancer of the lung. The place of cigarette smoking in the causation of this is now well documented. This habit, usually acquired in youth, is certainly perpetuated in many by the duty-free tobacco available to service personnel. Many may feel, as I do, that the Admiralty would have done a greater service by controlling this than by their attention to the Rum ration.

Another factor which is locally assuming greater importance is past exposure to Asbestos dust in industrial processes. This has been much used over the years, often without the precautions which we now know are vitally necessary and ship re-fitting has been a particular hazard. The period between exposure and the occurrence of cancer may be very many years indeed but we are certainly seeing an increase in Mesothelioma of the pleura which has a particular association with Asbestos exposure. See tables 56 - 62 for statistics.

CHEST RADIOGRAPHY SERVICE

by

Dr. J. D. Lendrum

For reasons given below this report is in two parts: that for the first quarter is on the same lines as in previous reports; the second part, for the last three quarters of the year, is presented on a basis which it is hoped will continue for the future.

Administration:

Great changes have taken place. Following the much regretted resignation of Mr. Lyne as Organising Secretary - to whom I am very grateful for his loyalty and hard work over many years - Mr. Reed took over the administration which included the winding-up of the Sussex work and the reorganisation of the work of the units and of the staff. To my own deep sorrow, as well as that of the staff Mr. Reed became ill in the summer of the year under review and died without returning to work.

Owing to lack of administrative staff much hard work over and above her normal duties, both administrative and in relation to staff, fell upon my Secretary, Mrs. Harrison, and I wish to pay tribute to her for the efficiency and cheerfulness with which she has coped with the resultant situation.

Change of Area Surveyed:

At the end of March the South West Metropolitan Regional Hospital Board took over all the work in West Sussex (which is a part of that Board's area). This work had been done by the Portsmouth units since the Service began. The Wessex Regional Hospital Board set up a Working Party to consider the use of Mass Radiography in the Region and as a result of its recommendations the Portsmouth Units are to become static in the Hospital curtilages: the industrial surveys were phased out; and the units are to be integrated into the General Radiological Departments of the Hospitals. One unit became static at Queen Alexandra Hospital on 1.4.70. The work at Gosport will be the first to be integrated, probably by the end of 1971, after which the unit which does that work will become static at Headquarters at St. Mary's General Hospital.

Work for General Practitioners:

The first quarter of the year - our last in Sussex - was very busy as a result of the influenza epidemic, a total of 5,712 individuals being referred in this period.

The total referred by doctors during the year was 13,091 a satisfactory figure considering the reduced catchment area for nine months of the year. 15 cases of tuberculosis in need of treatment were found in this Group, a rate of 1.15 per 1,000 examined (1.55 in 1969).

Tuberculosis:

The total number of cases in need of treatment which were found during the whole year was 23, a rate of 0.62 per 1,000 examined, the corresponding figure in 1969 being 41 (0.60 per 1,000). This figure may be low but does not mean that we can be complacent about tuberculosis, even in an area where immigrants are not a particular problem.

Primary Carcinoma of Bronchus:

A total of 98 cases of bronchial carcinoma were found of which 17 were in women. This total of 98 gives a rate of 2.5 per 1,000 examined, a considerable rise from the 2.09 per 1,000 in 1969. Of the total of 98 cases 89 were referred by doctors.

Staff:

I am very grateful to all members of the staff for their work. This has been a difficult year with changes and uncertainties as to the future. The staff has been reduced due to the reduced work and all have found suitable positions with one exception. This individual is a driver/technician who is still on our books and one visualises further difficulty in finding suitable work for the second driver when the units finally become static.

Co-operation:

Once again I would like to thank the Chest Physicians and the Medical Officers of Health for their help with our work. See tables 63 - 70.

PARASITIC INFESTATION

by

Dr. C. Gazidis

There was considerable upheaval at the clinic this year when we gave up half our premises to the pathologists. The remaining rump is small and not entirely adequate. However, there is a new Disinfestation Clinic due to be built in 1973 in Clive Road and treatment facilities should then be markedly improved.

It is with some disquiet that it must be reported that the number of persons treated at the Disinfestation Centre for head lice and scabies has risen again to a very high level. The number of home visits by the nurse trebled this year. The most disturbing feature of the current trend is that there have been several cases of head infestations of a severity not seen by our staff since the war.

These diseases will only finally disappear when overcrowding, inadequate housing, poverty and neglect are eliminated from society. These factors still operate in Portsmouth and rising unemployment will aggravate the situation. Our detection and treatment service can expect to face a rising incidence in the future unless living standards improve.

Pediculosis Capitis:

The figures for this year showed a large increase on those for last year. During the year 51 households of 56 families, comprising 145 individuals attended, compared with 32 households of 33 families, comprising 88 individuals for 1969. See table 71 for details and graph in table 74.

School children aged 5 - 15 years accounted for 62.9% of the infested cases, compared with 65.1% for 1969.

Ten cases were sent by local general practitioners, and two cases from local hospitals. The remainder were found during cleanliness inspections in the schools and referred by the School Medical Service.

There were nine cases of 'Phithurius pubis' (crab lice).

No one was prosecuted under Section 85 of the Public Health Act, 1936.

The distribution of patients as to age and sex is shown in table 72. Particulars of the cases treated at school clinics are given in table 73 which indicates a total of 430 old cases as compared with 436 in 1969 and 178 new cases as compared with 99 in 1969.

147 home visits were made by the State Enrolled Nurse in 1970 compared with 49 in 1969.

Scabies:

These figures also show a large increase on those for the previous year. During the year 204 households of 225 families, comprising 581 individuals attended, compared with 147 households of 158 families, comprising 497 individuals for 1969.

Total number of cases dealt with during the year is shown in table 75 and in the graph in table 77.

One hundred and twenty cases were sent by local general practitioners, three by local hospitals and one from the Central Police Station. The remaining cases either came of their own accord or were referred by the School Health Service.

The Distribution as to age and sex is shown in table 76.

Demonstration to Student Nurses:

At the request of the Sister Tutors at St. Mary's General Hospital and Queen Alexandra Hospital groups of Student Nurses have been attending at 'F' Ward for demonstrations on the treatment of Pediculosis and Scabies.

These demonstrations have been much appreciated both by the Students and Sister Tutors.

BRITISH DIABETIC ASSOCIATION – PORTSMOUTH BRANCH

by

Mr. J. Pickett

After nearly 4 years of being in existence, the membership has risen from some 30 to over 320. We now have 123 elderly people whom we hope to visit from time to time. Portsmouth has been divided into nearly 30 areas and 1 visitor in each area will visit from 1 to 4 people. Similar arrangements are being formed for areas outside the city.

In the New Year we hope to run in conjunction with the Evening Institute a Cookery and Diet Course. Financially, we are in a healthier state and have this year sent £50 towards research. The Southsea Show brought us nearly 30 new members and was a good vehicle for information distribution.

It is hoped to form a Parents' Group to aid the 48 diabetic children known to us. Eventually, we hope to establish a Youth Section which will be run by its members under our sponsorship.

As we grow stronger we hope to help diabetics in employment where there may be discrimination against them. We hope too, to contribute to holidays and any other schemes which promote the well-being of the elderly and the housebound.

As there are an estimated 5,000 diabetics in the area we serve, we hope to continue to attract more members and perhaps be able to finance an early warning scheme for the 3,000 who have diabetes but, as yet, do not know it. This latter scheme is ambitious but not outside the realm of possibility in the future.

We shall continue to raise money both for research and for local needs. Although I am moderately pleased at the progress made, I fully realise the amount of work still to be accomplished.

HEALTH EDUCATION

by

Dr. D. D. Hilton

During 1970, the Health Education Working Party continued to meet monthly with the Deputy Medical Officer of Health as Chairman, in order to discuss and plan the different projects.

As an index of activity a table of film usage during the year is shown in table 78 and the total audience contacted in this way totals over 13,000 people.

New Location of Health Education Unit:

During the year the Health Education Unit moved from its headquarters at Western Parade to the Clinics, Clive Road, just off Fratton Road. As a result of careful organisation by Mr. R. J. Turner the move took place smoothly during the month of August.

1. Prevention of Cancer of the Cervix.

The Task:

Deaths in women from cancer of the cervix in recent years in the City have been as follows:

1966	1967	1968	1969	1970
18	15	10	18	24

Information:

The topic of cervical cytology or the prevention of cancer of the cervix has continued to be included amongst those health topics offered to adult organisations.

The Southsea Show included a section devoted to cervical cytology and leaflets were available there enabling women to book an appointment with the Department and reminding them of the facilities available with their family doctor.

Whenever a speaker has made mention of this subject the appointment leaflets have been offered. In addition, leaflets have been distributed at exhibitions, through blocks of flats where home mothers are employed, and been available in chemists shops, hairdressers and in general practitioners surgeries.

We now know that as a direct result of this leaflet campaign 67 women attended the screening clinics. These resulted from the following activities:

Activity	Appointments booked
Talks	26
Exhibitions	14
Hairdressers salons	9
Flats	8
Chemists shops	6
GP Surgeries	4
	67

Specific Problem:

There is a particular difficulty in gaining acceptance by those who are at highest risk and it may be that personal visits by either health staff or volunteers would make a considerable difference to the take up of this important

investigation. No doubt the general information campaign should continue. Meantime the co-operation of the family doctors, home mothers, chemists and hairdressers has been very greatly appreciated. We have not yet asked for similar help from the larger stores or supermarkets in the City although this could be usefully explored and it is noticed that in the North Riding of Yorkshire a local supermarket was able to help by providing a small display explaining cervical cancer and the cytological technique.¹

The need for repeated Cervical Cytology Tests must be emphasised and it would seem preferable to err on the side of over-frequent repeats rather than a lengthy period of four or five years elapse as an interval between smear tests.

2. Dental Health.

The Task:

In a recent article entitled 'Dentistry for Pre-School Children²' Philip Sutcliffe MChD, states 'The available evidence suggests that by the time they are five years old 80% of children have experienced dental caries and that 80% of the diseased teeth remain untreated.' Much dental health education remains undone. Many would also agree with Sutcliffe when he says: 'The solution appears to lie in widespread optimum water fluoridation and increased use of dental auxiliaries.'³

3. Drug Misuse.

Particular emphasis was given to the topic of drug misuse during the year and in connection with sessions the two films "Drugs and the Nervous System" and "Fixed for Death" were screened 88 times to audiences totaling more than 3,000 people.

In addition exhibitions were prepared and mounted, firstly as one of the two subjects selected for the Southsea Show in August, secondly, at St. James' Hospital in October and later at the Southern Grammar School for Boys' in November.

A small sample of exhibition material was displayed in the foyer of the Department of Public Health headquarters at Lombard Street.

4. Exhibitions.

i. Arthritis and Rheumatism:

A special exhibition was prepared as a result of a working party bringing together a number of interested individuals and organisations in the City, and we were fortunate to secure, by courtesy of the Lord Mayor, the use of the Lord Mayor's Banqueting Room on the 18th March, 1970.

The objects of the exhibition were, to promote and maintain the interest of the general public of Portsmouth in the problems connected with rheumatism and arthritis, to promote hope, and to provide information about the services available for sufferers and their families.

The local voluntary organisation linked with the National Arthritis and Rheumatism Council was particularly involved in the event and an address was given by the Chairman of the Appeals Committee of the National Arthritis and Rheumatism Council, the Rt. Hon. Dame Patricia Hornsby-Smith, D.B.E. A film entitled "A Touch of Rheumatism" was screened a number of times to various groups of people who attended during the day and a large number of leaflets were distributed to the public.

ii. Guildhall – 14th - 18th March, 1970 – ‘Home Improvement’:

For the Home Improvement exhibition the Health Inspectorate gave special expert help. One display consisted of a demonstration of air pollution monitoring equipment with visual material and charts setting out facts about pollution and the cost to the country.

A second topic was food hygiene and particular emphasis was given to the importance of the temperature at which foods are stored in order to prevent bacterial growth. There was also a continuous film loop display dealing with food hygiene in the home.

iii. The Southsea Show:

Subjects selected for the Southsea Show in 1970 were cervical cytology and drug misuse.

(a) Cervical Cytology;

Visual material gave background information about human cell behaviour and emphasised the quickness and simplicity of the cervical cytology test. Leaflets were available with a tear-off portion enabling women to book an appointment with the Department or reminding them to see the family doctor. Comments were made by the health visitors and nurses who manned the display that the public appeared less reticent and not so embarrassed by the subject as they had seemed the year before.

(b) Drug Misuse in the Community;

This display was intended to inform the public about the steps being taken to prevent the misuse of drugs, offer advice and help to the misuser or addict, and provide rehabilitation for the addict. The section on rehabilitation resulted from very close co-operation with the “Alpha Unit” at St. James’ Hospital. The display was illustrated by some excellent photographs taken by a teacher at the Southern Grammar School for Boys.

iv. Drug Misuse:

The exhibition material previously used at the Southsea Show was mounted at St. James’ Hospital in October and at the Southern Grammar School for Boys in November. Later a small sample was shown in the foyer of the Department of Public Health.

5. Family Planning.

A number of sessions have dealt with this topic and our two films have been screened to almost 700 people.

Reviewing an analysis of births in Portsmouth by the age of the mother during 1970, we find that of the 640 births to mothers under the age of 21, 128 were to mothers under 18 years. That is 20% of the births under the age of 21 were to mothers who are, even now, below the age of majority, and many would think that a young person at this age has little chance of offering to a child anything approaching an ideal start in life.

This again can be expected to be a considerable growth area in the work of the Unit in the near future.

6. First Aid.

A first aid course for house mothers which commenced in 1969 was completed in January 1970. Our films on emergency resuscitation, which are most

excellent examples of visual aids in this field, were well used.

7. The Prevention of Respiratory Disease.

The first line of attack - Cigarette Smoking:

It is felt that the first priority in the prevention of respiratory disease in the City should be to discourage cigarette smoking, and then it is hoped that attention can soon be given to air pollution.

The Royal College of Physicians recent report stated "The increasing mortality from bronchitis in men in recent years is more closely linked to increased cigarette smoking than to any greater exposure to urban air pollution from the consumption of coal, petroleum or derv."⁴

They also state "Cigarette smokers are three times more likely to suffer from chronic bronchitis than are non-smokers."⁵

Slow Progress:

In 1956 the percentage of all ages of men who were ex-smokers was 11.3%. In 1969 the percentage of all ages of men who were ex-smokers was 14.7%.

The number of young men who have never smoked has recently tended to stay at around 38-40% whereas in 1961 the corresponding figure was about 35%.

Perhaps the proportion of men who have never smoked and who are now ex-smokers is showing a slight tendency to improvement but progress is certainly very slow.

What is becoming clearly accepted is the association between smoking cigarettes and ill-health. In a Government Social Survey⁶ of 5601 boys aged 11-15 years from 60 schools those schoolboys who smoked gave the following results:

79% believed that smoking cigarettes caused lung cancer.

Most smokers (78%) believed that smoking can endanger health in other minor ways, besides causing lung cancer, e.g:

68% agreed 'it can make breathing difficult'.

70% said 'it gives you bad breath'.

65% said 'generally weakens you'.

A surprisingly high proportion of these young smokers said that they would like to give it up (45%) and about 66% said that if they had children they would not allow them to smoke.

During the year a number of enquiries have been made in Portsmouth where schools have been interested in smoking and health projects and the analysis of the questionnaires will take some time. It is however now realised that young people in school have a considerable interest in enquiring into the smoking habits of their age group.

Portsmouth Smokers Advisory Clinics:

3 Portsmouth Smokers Advisory Clinics were held during the year with the following results: "

66 people registered, 56 started to attend and 41 attended consistently.

The 41 were 25 men and 16 women, and at their last attendance 18 men and 11 women had stopped smoking. 7 men and 5 women had reduced their smoking habit.

Thus approximately 70% of the 41 persons who attended the clinic consistently

had stopped smoking for a period of at least 6 weeks.

Two people had shown some reduction in weight but generally there was a slight increase in weight and the change in weight was an average of 3½ lbs. increase for men and 2½ lbs. increase for women.

Our films on the topic of 'Smoking and Health' was screened 108 times during the year to over 3,300 people.

The Opposition:

We now know that advertising by tobacco companies for the year 1970 accounted for the following expenditure giving a grand total of over £13,000,000.

Year - 1970	Total Advertising £	Television £	Press £
Cigarettes	9,303,500	0	9,303,500
Cigars	2,112,400	2,024,200	88,200
Tobacco	1,542,100	748,400	793,700
Other Smokers Requisites	108,600	24,000	84,600
Grand totals	<u>13,066,600</u>	<u>2,796,600</u>	<u>10,270,000</u>

Total amount estimated to be received by Government in taxation on tobacco given by the Office of the Collector - Customs and Excise Department - for the financial year 1970/71 as £1,160,000,00.

Comment:

I would like to leave the last word on this topic as a quotation from a book recently written by one of our local family doctors in which he states "Cancer of the lung, then, is a preventable disease which could become a rarity in twenty years if everyone were to give up smoking cigarettes."⁷

The second line of attack - Air Pollution:

Realising that certain urban areas, particularly in London, have succeeded by establishing smoke control areas, in reducing air pollution, consideration is now being given to that line of attack on respiratory disease.

During 1970 a Committee of the Royal College of Physicians in London reported on air pollution and its effect on health. In the summary of that report I quote "Investigations have shown an increase of absence from work with increase of air pollution" they also state "All investigations in Britain have demonstrated a correlation between presumptive levels of pollutants in the air and mortality from bronchitis in middle life. Town air is more polluted than country air. Among postmen, rates for disablement, premature death and for absence from work because of bronchitis were high in those working in the most polluted areas."

Young People - Chest Diseases:

The Royal College of Physicians report also states "One national survey of school children showed a steady rise in the frequency of bronchitis in step with increasing levels of air pollution."

It must not be thought that concern for clean air can be allowed to distract us from the important matter of discouraging cigarette smoking in the interests of good health and indeed the Royal College of Physicians state "Cigarette smoking is the most important of the causes of cancer of the lung."

Our film entitled "Clean Air" has been used on several occasions to small audiences and we can expect this to be a growth area as the Health Education Unit becomes better equipped to support the clean air campaign to which, one hopes, the City will be fully committed in the near future.

The Royal College of Physicians also commented: "The evidence that cigarette smoking is the most important factor in causing lung cancer does not preclude examination of other possible influences."⁹

8. Portsmouth Course for Teachers 'Health Education 8 - 12 years' April 1970.

A two-day Course was arranged at the Portsmouth Teachers' Centre in the Easter holidays as a joint project between the Education and Public Health Departments. The Course was open to teachers in both primary and secondary schools and 34 attended.

A programme of health education was offered for consideration and talks were given on children's physical and mental development and on the changing patterns of health and disease. Teachers were given time to consider project work for use in their own schools.

There was a display of books and visual aids applicable to the several topics which were considered in more detail.

A special Course folder was prepared for each teacher attending the Course by Mr. R. J. Turner, Administrative Assistant to the Health Education Unit of the Department of Public Health. It included the programme of the Course, copies of relevant articles to the field of work being considered and a bibliography on each of the topics together with a specially selected film list indicating the source of each film. A number of the films listed are held in the City.

The Course originated from discussions between Dr. D. D. Hilton, Mr. H. R. H. Benzie, Curriculum Development Officer of the Education Department, Miss M. E. G. Dancer, Community Nurse Tutor and Mr. R. J. Turner, Administrative Assistant to the Health Education Unit, and they were joined by Dr. B.E. John, Senior Medical Officer for the School Health Services. We also had considerable assistance from Mr. S. M. Smith the Audio Visual Aids Adviser in the Education Department.

On the afternoon of the second day the teachers divided into groups to consider class projects. Six were offered, but the great majority opted for the following four subjects:- Personal Health: Mental Health: Introducing Sex Education: and Hazards to Health. To assist with the groups we were joined by Miss J. Rogers and Miss M. Brunner from the Health Visiting Staff and Mr. C. Allmark from the Dental Service.

It is particularly interesting to note that about 2 weeks before the Course was held the following letter appeared in the local evening newspaper, entitled 'Birthrate':- 'In an attempt to establish the true reasons for the high illegitimate birthrate in Portsmouth, a special sub committee has been set up. I suggest that the members attend the sex lessons given to young children, to discover the reason - and it has nothing to do with gooseberry bushes!'. We also found in one of the national newspapers the following heading 'Profits grow in Britain's Porn Shops',

It is against this sort of background that we have to consider the value of a course of this nature and the difficulties which the teaching staff of some of the most important topics to them in their future life.

We have heard that the course was valued by those attending and it is now regarded as a definite step in developing co-operative liaison between the two

departments in the interests of health promotion.

9. Sexually Transmitted Disease.

We have added to our armamentarium a second film entitled "The Other Side of Love" and during the year our two films were screened 81 times to audiences totalling over 2,800 people.

The plastic notices giving times and places of clinics continued to be posted in public conveniences and toilets of industrial premises.

Earlier preventive work is assisted by the work going on in the field of personal relationships. It is probably there that the fundamental importance lies of the course for teachers, which is referred to later, as it concentrated on health education in the years 8-12 particularly.

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Part IV

HEALTH SOCIAL SERVICES

Home Help Service

Mental Health

Day Care of Children

Unsupported Mothers

HOME HELP SERVICE

by

Miss S. C. Heaps

This year has been a particularly arduous one for the Home Help Service. Not only has there been the anticipated steady demand for assistance, but due to the strike by refuse collectors and the electricity cuts, additional burdens have been placed on Home Helps and the Administration to ensure that all possible steps were taken to minimise the health hazards to the sick and elderly housebound.

The first nine months of this financial year showed a marked increase in labour shortage. Every avenue was explored to try and attract suitable applicants to the service to replace resignations and increase the complement of staff. The recent wage award for Home Helps, (new hourly rate .3411p) has brought a larger than usual response to recent advertisements which has enabled additional staff to be employed in the early months of 1971. It is too early to assess whether or not this trend will continue.

The year under review marks the end of the Home Help Service operating as part of the Health Services, and mention must be made of the steady growth of this vital branch of the work during the past few years, a rate of growth comparing very favourably with other areas, which reflects the now accepted need for this type of care, and the efforts of the Committee to make available resources to finance this growth. The formation of a new Department, and what this will mean to the efficacy of the Home Help Service, must be viewed as an exciting challenge, and those officers responsible for the day-by-day administration will be aware of the need for maintaining a service which is strong and unified and utilises the finances available to provide optimum practical support.

The figures for the last decade shown in table 79 show a steadily increasing demand for this service, and every year the proportion of help provided for the 65+ age group increases. There is no reason to suppose that this pattern of need will not be followed in the following years, in view of the general policy of caring for the frail and elderly in the community. Early discharges from hospital of all categories of patients account for a substantial amount of help being provided in the initial stages. It is true to say that because of limitations to date of finance, all households are receiving an amount of help which is sufficient only to deal with bare essentials, and this tends to make the work of the home help especially arduous, and calls for additional support from Administrative staff.

Three training sessions were arranged for home helps during the year concerned with the conversion of appliances to natural gas. These comprehensive lectures should prove of value to the home helps attending elderly or housebound cases.

There has been evidence during the past year of an awareness and interest in this service which has resulted in the Home Help Organiser addressing many Clubs and Groups in the City.

During the year 1,960 home visits have been made by the Organising staff, to ascertain that work was being carried out efficiently and that recipients were satisfied with the service and the hours provided were reasonably appropriate. Any complaint was carefully investigated and where necessary action taken.

In November 1970 an additional Assistant Organiser was appointed to strengthen the supervisory aspect of the Service. In view of the number of home helps employed and cases assisted this was long overdue, and the Organising Staff/Manual worker ratio is still well below the national average.

The figures show the work of this section during the year under review. (See table 80).

MENTAL HEALTH SERVICE

by

Dr. M. Monro

The demands on the M.H.S. continued to rise, more especially in the field of psychiatric illness, and these increased demands caused the Mental Welfare Officers to be fully stretched throughout the year.

Training in conjunction with the Polytechnic continued with 3 M.W.O.'s taking the Certificate in Social Work Course and a number of students from the Course being attached to the Department and supervised by Mr. G. Arnold, Tutor/Supervisor.

Staff changes again at Lacey Lodge have provided another disruption to the running of this Home of adult subnormals, it is to be hoped that soon a realistic staffing complement will be agreed, that will correctly measure the hours required for adequate supervision and discharge of duties and adequate time off for the residential staff.

Ford Lodge has continued to fill a gap in the psycho-geriatric services, particularly when providing relief for relatives, by short-term admission of elderly parents. Its eventual transfer to the Social Services will provide a useful link with the Welfare Homes and related services.

Langstone House Adult Centre continues to be stretched to 90 places and plans are in hand for a second Adult Centre this time in the Northern part of the City.

Preliminary information is now available regarding the transfer of the Junior Centre to the Education Department on 1st April, '72, and this will require at least 30 trainees over 16 yrs. of age, to be moved to the Adult Centre.

The Wessex R.H.B. has provided two 22 bedded wards at St. James Hospital to complete the Solent Clinic, and within the Hospital grounds a separate unit for short stay observation for children and parents, and Locksway House, a residential unit for subnormals under 16. All these additional facilities will greatly improve the range of services now available in the City.

ST. JAMES' HOSPITAL

by

General Note:

In considering the in-patient work undertaken at St. James' Hospital, it must be borne in mind that the "catchment area" includes not only the City of Portsmouth, but also the Urban District Council area of Havant and Waterloo and the Urban and Rural District areas of Petersfield. In terms of population, the total served is approximately 348,000 of which the City of Portsmouth contributes nearly 212,000

Developments:

The year 1970 was marked by the completion of three major developments:-

- (a) **Solent Wards, St. James' Hospital** - This comprises two 22 bedded admission wards to complete the "Solent Clinic" of in-patient beds, day hospital and out-patient department. The aim of the Solent Clinic will be to provide short term, comprehensive physical and psychological treatment within one unit, through which the patient may move easily with minimal disturbance and retaining personal relationships with staff throughout.
- (b) **Wessex Unit for Children and Parents** - A short stay/observation wing completes a purpose built psychiatric centre for intensive study and specialised treatment of children and their families. The Unit is sited in the grounds of St. James' Hospital but is designed to serve the whole of the Wessex Regional Hospital Board area.
- (c) **Havant Day Hospital** - As the general note at the head of this section shows, St. James' Hospital has responsibilities beyond the Portsmouth City boundaries. Part of this responsibility has been achieved by the establishment of a 40-place Day Hospital to serve the densely populated Leigh Park, Havant/Waterlooville area. The Unit is staffed from the main hospital with the declared aim of building up close relationships with the Local Authority mental health services. It will serve particularly recently discharged in-patients, and also patients who may need regular long-term treatment but perhaps less supervision than in-patients.

Patient Statistics: (1969 figures in brackets)

The total number of admissions has shown little variation over the past three years.

1968 — 1,412	1969 — 1,405	1970 — 1,392
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In 1966 the proportion of male admissions was 38.8%; this had increased to 44.3% by 1969 and has levelled off at 43.8% in 1970.

As at 31.12.70 there were a total of 764 patients. Of these 204 were aged over 75 years, while 182 were in the 65 - 74 years age range. Analysis by sex is shown below:-

	Male	Female	Total
Aged 75 years and over	44	160	204
Aged 65-74 years	68	114	182
Totals 65 years and over	112	274	386

During 1970 there were 1,415 discharges (including 111 deaths) of whom 251 were aged 65 years and over. An interesting table showing marital status of discharged patients is given below:-

Discharges (including Deaths)	Male	Female	
Single	38.6	24.1	)
Married	41.8	47.2	)
Widowed	5.6	17.0	)
Divorced	3.0	4.3	)
Separated	10.3	7.1	)
Other	.1	.3	)
	-----	-----	
	100.00	100.00	

Figures
showing
percentages.

Day Patients:

Any statement as to the work of the hospital would be incomplete without reference to the day patients. In 1970 there were a total of 27,312 day attendances (28,770), equivalent to about 107 additional patients on each working day.

Out-Patients:

New out-patients showed a rather surprising if small decrease from 1,846 in 1969 to 1,745 in 1970. Total out-patient attendances were relatively unchanged at 11,344 (11,031).

Future Proposals:

An exciting development for 1971 is the establishment of a psycho-geriatric assessment unit to be known as the "Beaton Unit". For this purpose two existing wards are being adapted, one to accommodate 25 in-patients and the other 60 day patients. The success of this venture will largely depend upon active supporting local authority services, and thus in the early stages of the proposal, a Working Party was established comprising representatives of the Wessex Regional Hospital Board, the Portsmouth Local Authority, General Practitioners and the Portsmouth and St. James' Hospital Management Committees. Work is expected to begin in May 1971 with the unit coming into operation as from January, 1972.

DAY CARE OF CHILDREN

by

Dr. Mercy Plowright

The demand for day care facilities for children in the City continues apparently unabated. The two Local Authority day nurseries have had a waiting list of 50 to 60 children all the year while the number of registrations for child minders, day nurseries and playgroups grows steadily.

Registrations under Nurseries & Child Minders Regulation Act, 1948 as amended by Health Services and Public Health Act, 1968.

	Child Minders		Private Nurseries Playgroups.	
Number of applications received during the year	90	(171)	6	(-)
Number of registrations during the year	52	(71)	5	(12)
Number of voluntary withdrawals before registration	25	(41)	1	
Number of voluntary withdrawals after registration	36	(26)	1	(1)
Number of registrations refused by Committee	4	(1)	-	
Number recommended to Committee for withdrawals of registration but whose appeal was successful	1		-	
	Number		Places	
Number of registered premises as at 31.12.70	45	(40)	1386	(1216)
Number of registered persons as at 31.12.70	110	(99)	646	(595)
	<u>155</u>	<u>(139)</u>	<u>2032</u>	<u>(1811)</u>
Local Authority Nurseries:				
Somers Town	45 + 8 handicapped		(35 + 0)	
Twyford Avenue	35 + 8 handicapped		(35 + 8)	
	<u>80 + 16</u>		<u>(70 + 8)</u>	
Number of children subsidised in registered playgroups during 1970 :			97	

Local Authority day nurseries:

All the staff of the present day nurseries were involved with the Architects in planning the two new nurseries. This proved a fruitful and interesting exercise for all concerned and gave a sense of achievement when the plans were finally approved by the Department of Health and Social Security in September and October, 1970.

While the Hester Road Nursery has had to be based on the Department of Health and Social Security's prototype for nurseries built under the Urban Programme, the Battenburg Avenue design is unusual in expressing the family group concept in visible form.

At the end of the year, Somers Town Nursery came into use and for the first time children who, until then, had attended St. Peter's Day Nursery could run in and out of their rooms and play on the outdoor swings, slides and other toys without having to wait for another group to come in before they went out to the very restricted space. The constant activity along the main road and the proximity of the fire station all added interest and excitement to the children's day in the nursery.

The handicapped unit has been included as an integral part of this nursery, but the opening was deferred until the other family groups had settled into their new homes. Two handicapped children from the Connors Unit were transferred to Somers Town during the latter part of the year, but as they were young children they could be cared for in the baby room.

The children admitted to both nurseries continue to present multiple problems and the number needing particular attention - at times almost a one to one relationship - so taxed the resources of the staff that it became necessary to limit the number of these children in each family group. In this way it was possible to retain these disturbed children in a family situation without prejudicing the care of the other children or disrupting the group entirely.

THE CONNORS UNIT

by

Dr. Margaret Cowan, Medical Officer i/c Unit

The Unit celebrated its first birthday in March, 1970 by a party attended by Alderman and Mrs. Connors, parents, children and staff. At the end of the year the Unit had become firmly established as an integral part of the nursery. The children had demonstrated their ability to take a full part in community life and could no longer be regarded as children apart.

A total of thirty-one children attended the Unit and, as before, eight children attended on any one day and were admitted twice or three times weekly according to their ages and needs.

The handicapping conditions are listed below:

Spina Bifida and Hydrocephalus	6	
Hydrocephalus (S.H. Valve)	3	
Cerebral Palsy	7	
Diastatomyelia	1	
Congenital absence of limb	2	
Cerebral tumour	1	
Blind	1	
Rubella Syndrome	1	
Deaf	2	
Hemihypertrophy Syndrome	1	
Von Gierke's Disease and Haemophilia	1	
Multiple Handicaps	3	(Moebius syndrome and retardation). (Hydrocephaly and blindness). (Brain damage and partial sight).
Developmental delay	2	

It can be seen that sixteen of the thirty-one suffered from abnormalities of the Central Nervous System (i.e. hydrocephalus, spinal deformities and cerebral palsy). Sensory handicaps (deafness and blindness) were present in seven children. Three had multiple handicaps.

Eleven of the sixteen children admitted to the Unit in March 1969 still attended during 1970 and formed a useful nucleus of well-integrated and co-operative children who set standards for new entrants. Seventeen children were admitted during the year, making a total of twenty-eight children in attendance.

At the end of the year, one child had been transferred to the Cerebral Palsy Unit and two more were to go in 1971.

Two children had left to go to Schools for Physically Handicapped and one more was to go in 1971.

One child was transferred to the Main Nursery, but the family situation had deteriorated and she was not in attendance at the end of the year.

Two children went to Playgroups.

Two others were transferred to the new Handicapped Nursery at Somers Town at the end of the year.

Two children were referred to the Mental Health Service for residential or day care.

One child had left the area and another, born with only one arm, was removed by the mother who was finding difficulty in coming to terms with the child's handicap.

A child with a brain tumour was admitted to Hospital at the end of the year.

Only one child failed to progress. He was a micro-cephalic with a severe visual defect. He was referred to the Mental Health Service.

The staff are delighted with the progress of the children; several children referred as mentally subnormal have proved to have greater potential than was at first suspected - provision of spectacles can make all the difference! The communal meal is one of the focal points of the day; feeding problems can be tackled in an atmosphere of calm without mother there to tempt and bribe.

Parental over-protection, or rejection, was general, but when the children were attending the Unit, the change in the parents' attitude was as noticeable as the improvement in the children. Group meetings with the parents and the nursery and senior nursing staff continued to help mothers to ventilate their problems and fathers had asked to join the meetings!

The children were assessed by a senior psychologist from the School Psychological Service, and by the Head Teacher of the Cerebral Palsy Unit, when the possibility of admission to that unit appeared likely. Those with sensory handicaps were assessed by the Psychologist and the Medical Officer in charge of Audiology, at the nursery.

The need for physio and speech therapy has become evident during the year, and it is hoped that the necessary staff will be appointed through the generosity of the Connors Fund, for a trial period in 1971.

There have been many visitors to the Unit during the year, but naturally the visit of Her Royal Highness Princess Anne on 29th October, 1970 was the highlight of 1970. Her Royal Highness curtailed her coffee break in order to speak to all mothers of the handicapped children attending the Unit, and to see the day nursery as well as the Connors Unit. Though disappointed at first that Princess Anne was not going to wear a crown and robes, the children responded happily to her colourful coat and hat, and to her very evident interest in their activities.

Mr. H. B. Eckstein and his team of physiotherapists and social workers from Queen Mary's Hospital, Carshalton, also visited the Unit and gave their support to the need for physio and speech therapy.

Private Day Care:

The number of new applications in 1969 was swollen by the regulations being extended under the Health Services and Public Health Act, 1968, to persons caring for a single child, not a relative, for two or more hours a day for gain. There were fewer new applications for registration in 1970 but, by the end of the year additional registrations of Playgroups, Nurseries and Child Minders, together with the increased numbers in Local Authority Day Nurseries, accounted for 12.6% increase in total places for the day care of children under five in the City.

Urban Programme money became available in 1970 for subsidising the atten-

dance of children at playgroups and small capital grants were also made to new groups in areas of special need to enable them to provide initial equipment.

The Save the Children Fund had been responsible for five Playgroups for children in particular need of opportunities for play and social contact since 1960; these groups have provided a vital service for young children in the City but, with the widespread development of Playgroups, Nurseries and Child Minders, they could not be differentiated from many other groups providing a similar service. The grants to the Save the Children Fund groups were discontinued in April, 1970 and the money used to subsidise the attendance of particular children at Playgroups, nurseries and child minders throughout the City. In some cases, this meant a child could attend a group near its own home, or the very fact of the subsidy encouraged a parent to allow a child to benefit from the facilities offered. The recommendations were made by Health Visitors and Child Care Officers and reviewed periodically.

Pre-registration visits continued to be the responsibility of the Public Health Inspectors, Fire Prevention Officer, and a Medical Officer, while routine visits were done by a Group Adviser Health Visitor. A constant problem has been the number of women who have been found to be caring for children in advance of full registration.

The difference between minding and actively caring for children is not always appreciated by people applying for registration as child minders. The Medical Officer of Health has always emphasised that the day care of children outside their own homes should contribute to the active development of their abilities and personalities. To do this, the child minder and her staff have to become involved with the children in all their activities. It is not sufficient to provide a box of toys and leave children to 'get on with it'. Thought has to be given to the provision of equipment to stimulate the development of interest and skills, and then, by participating with the group, encouraging children to explore the use of materials and toys.

Women whose only experience of the play needs of small children has been with their own family, are offered the opportunity of visiting the Local Authority nurseries and are put in touch with the Pre-School Playgroup Association, when the Medical Officer or Health Visitor makes the pre-registration visit.

UNSUPPORTED MOTHERS

by

Miss D. Maybin

The number of unsupported mothers referred increased during the year and referrals were taken from General Practitioners as well as Midwives and Health Visitors. Girls also came of their own accord, having been advised to do so by friends who had been helped by the Medical Social Worker.

One of the big problems continued to be the difficulty of finding suitable accommodation. The Director of Housing is sympathetic towards the needs of the unsupported mothers and accepts their applications in the ordinary way. They must, however, take their place on the waiting list, which is a long one, and in the meantime it is necessary to find some place for them to live. There are, too, the girls who come to Portsmouth because they do not want their families and friends to know they are pregnant, and they cannot go on the Portsmouth waiting list until they fulfil the one year residential qualification.

The Director of Housing is going to allocate ten one-bedroomed flats in a new block of flats shortly to be opened; these flats will be under the direction of the Children's Department and will be in the nature of an experiment. The length of time the girl and her child will remain there will be flexible, but it is expected that the period will be fairly short as some girls will move away and some will get married and be rehoused in the ordinary way. If, in fact, this is what happens, then the flats will become available for other mothers and babies.

The South East Hampshire Housing Association has been formed during the year and they have taken over a house in Victoria Road North and turned it into attractive bedsitters for unsupported mothers. There is a large, very comfortable common room where they can entertain their friends, and a very helpful and understanding Warden lives in the flat on the ground floor. This Voluntary Housing Association hopes to acquire more houses in Portsmouth and convert them into flatlets, and this will also go some way towards alleviating this acute problem.

Very few girls place their babies for adoption now - only three or four out of the number I have known during the year. The main reason for this appears to be the fact that although hostility to the unmarried mothers still exists, public feeling has moderated during the past few years, and public attitudes are more accepting. It is not only parents in the lower income group who are able to accept the situation, but also parents in middle class families. The decision regarding the future of her child is one that the young mother herself must make, after many discussions with the Social Worker when the advantages and disadvantages of adoption, or otherwise, are discussed.

Only two out of the above number of girls asked for abortion. This was granted to one of the girls, on psychiatric grounds, but refused in the case of the other as she had no grounds under the terms of the Act. The Social Worker saw this girl at frequent intervals, and she eventually adapted herself to her pregnancy and decided to keep the baby.

It is difficult to understand why some girls not only have one baby born out of wedlock and keep it, but in a short time they become pregnant again. This, in spite of the fact that the Social Workers make quite sure the girls know about contraception, and even take them to the Family Planning Clinics. The present cult not only of permissiveness but also spontaneity encourages irresponsibility in sexual relationships and one can only come to the conclusion that neither contraceptives or termination are ever likely to eliminate illegitimate births entirely.

Part V

ENVIRONMENTAL HEALTH

Report by the Chief Public Health Inspector

Inspection of Premises

Nuisances

Pest Control

Food Inspection

Common Lodging Houses

Offices, Shops and Factories

Housing

Port Health

Report of H.M. Customs and Excise

Cleansing Service

**REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR AND
CHIEF PORT HEALTH INSPECTOR**

by

W. MEREDITH, M.R.S.H., M.A.P.H.I.**Mesdames, Gentlemen,****1. Introduction:**

The Annual Report for the year 1970 is presented in form advocated in management training.

2. Terms of Reference:

To report:-

- (a) upon the part played by the Public Health Inspectorate of the City of Portsmouth Department of Public Health in the conservation and protection of environmental and public health,
- (b) upon the Inspectorate's discharge of their duties under the Public Health Officers' Regulations, 1959, and the Public Health Officers' (Port Health Districts) Regulations 1959,
- (c) upon the general functioning of the Inspectorate.

3. Conclusions:

- (a) That in the proposed Local Government reorganisation scheduled for 1974, those public health functions left at District Council level will in the main be the duties carried out by the Public Health Inspectorate.
- (b) That the Smoke Control programme already approved by Council but postponed on account of financial and fuel restrictions should be implemented as soon as possible.
- (c) That sampling of imported food at the port in particular and port health inspection generally, should be greatly increased.
- (d) That the service of Statutory Notices under the Public Health and Housing Acts should be confined to the Public Health Inspectorate and the improvement work on houses in the private sector should be returned to them.
- (e) That the house condition survey at present being carried out in certain areas known to contain sub-standard houses be continued to include all areas of sub-standard housing.
- (f) That suitable and sufficient, permanent office accommodation be allocated to the Inspectorate.

4. Recommendations:

- (a) That the Health Committee instruct the Chief Public Health Inspector to review the structure of the Inspectorate and report in detail on the reconstruction of the Inspectorate to ensure that it fulfils its objective to conserve and protect environmental and public health, and resists any fragmentation.
- (b) That a new proposal and plan for a sixteen year programme for smoke control areas for the entire city, together with estimated

annual costs for the first five years, be prepared for your consideration and recommendation to the City Council.

- (c) That additional staff be made available (i) for an acceleration in sampling of imported food at the Port and (ii) to ensure availability of officers for weekend and other emergency work, such as inspection of containerised meat.
- (d) That the Council's instruction to the Housing Department to serve Statutory Notices in General Improvement Areas be revoked and that the method of private house improvement in the city be reconsidered with a view to its return from the Housing Department to the Public Health Inspectorate.
- (e) That the frequent changes in location of offices for the Inspectorate cease and suitable and sufficient office accommodation be allocated on a permanent basis.
- (f) That the house condition survey at present being carried out in certain areas known to contain sub-standard houses be continued to include all areas of sub-standard housing. The information thus obtained is necessary in deciding the appropriate type of action required to deal with the conditions and the priority with which the areas should be considered. The survey also provides information of value to the City Development Officer in the formulation of his redevelopment proposals.

5. Staff Matters:

In September, the department was shocked by the sudden death of a former member, Mr. Walter J. Sandford, who retired from the Inspectorate in 1966. Wally Sandford will long be remembered as a pioneer in improvement grant work in the private sector of housing. His dedication to work was phenomenal as examination of the Public Health Inspectorate's record of improvement grants, shown below, will testify.

RECORD OF PROGRESS TO 1968

Formal Applications		Improvements Completed					
Period	Informal Applications	Standard	Discretionary	Total	Standard	Discretionary	Total
1954	-	-	18	18	-	-	-
1955	43	-	81	81	-	-	-
1956	83	-	65	65	-	-	-
1957	223	-	18	18	-	-	43
1958	281	-	70	70	-	-	48
1959	501	55	122	177	-	-	79
1960	541	102	79	181	80	86	166
1961	474	86	107	193	76	92	168
1962	401	124	53	177	79	77	156
1963	566	204	58	262	151	54	205
1964	521	229	47	276	175	45	220
1965	488	259	16	275	241	29	270
1966	517	289	17	306	212	14	226
1967	872	430	22	452	339	19	358
1968	719	401	83	484	359	51	410

In February, Mr. B. Olding, who qualified in 1969 and became a district inspector of great promise, considerably enhanced his prospects by a move to Andover.

In May, a further depletion of the staff occurred. Mr. R. Williams, a mature officer of much experience and unusual attainments, succumbed to wanderlust and took his expertise to distant Tasmania.

Following in Mr. Williams' wake went the Department's thoroughly competent and personable Pests Officer, Mr. A. C. Jones, who took off for Australia in June. There was no apparent connection between this jovial character's departure and reports of a mammoth infestation of mice in the Southern Continent.

These three departures were counterbalanced numerically by the intake of Miss Janet Knill, third in line on the distaff side of the Public Health Inspectorate and Mr. Martyn Davis, both as student inspectors, and Mr. George Salisbury, a worthy successor to the post of Pests Officer.

The rejection by the Public Health Inspectors' Examination Board of the Portsmouth students who were referred back for further study caused a mild consternation in the inspectorate. The students were regarded as potential for existing vacancies, their lack of qualifications made them difficult to fit into the structure. Fortunately, the one whose studentship had run out fitted admirably into a vacant technical assistant post, whilst the other continued in his student role.

In December, the departmental Public Health Inspector Students expressed their growing concern at the change in Council policy which allowed the Housing Department to carry out duties traditionally and statutorily allocated to qualified public health inspectors. The students concluded that the employment of another department's staff on housing work in the private sector reduced the value of their diploma objective. Accordingly they submitted a letter expressing their concern at the change in their career and promotion prospects, which had been brought about by the obtrusion of the Housing Department into private housing matters.

In the greater part of 1970 the inspectorate acted as host to a young Tanzanian public health inspector, Mr. Amos Njuka, sponsored by The International Appointments Division. Mr. Njuka had undertaken a lengthy study of English public health organisations with particular regard to possible adaptation of legislation and procedures to the hygiene problems in his own emergent country. Amos rapidly intrigued the department as much with his insatiable curiosity regarding the English public health system as with his ability to absorb the fruits of his research. During his stay he achieved one ambition - he saw real snow for the first time.

To conclude this foreword to my report may I express genuine appreciation for the cordial relationship which continues to thrive between the Chairman and Members of the Committee and the Public Health Inspectorate. Further it gives me great pleasure to record publicly yet again my sincere thanks to every member of my staff, who, in trying times, continue to give loyal and conscientious service. Never has esprit de corps been so high, nor, owing to the housing frustration, job satisfaction so low, which is to say the least, unfortunate, at a time when there is a general growing awareness of deterioration of the environment.

6. Public Health Acts:

That whimsical section of the Portsmouth public which indulges in spontaneous

correspondence with the department did not appear to be so active in 1970, despite the fact that the inspectorate received a complaint of "electrified gas pipes". Confusion between that which is edible and that which is habitable led to one person claiming that a "house was unfit for human consumption!" The possibility of using infants as protimeters seemed to be indicated in the cryptic complaint "excessive dampness - new baby in house", and led to the office humourist's trying "water divine child".

Unfortunately not all the 1790 complaints provided such light relief. Nearly two thirds were run-of-the-mill defects and dampness, the investigation and remedy of which have made public health inspectors the foremost exponents of the supervision of private property repair and improvement.

Next in weight of numbers to housing defects came 255 complaints of accumulations. It is a sorry comment on civic responsibility and shows a marked deterioration in standards of public behaviour.

The documentary upshot of investigating alleged nuisances was:-

- 632 Intimation Notices
- 289 Abatement Notices
- 12 Without further delay letters
- 57 Seven day letters
- 22 Section 17, Public Health Act, 1961, notices (requiring clearance of choked drains)
- 5 Section 18, Public Health Act, 1961, notices (requiring repair of defective drains)
- 1 Section 26, Public Health Act, 1961, (Emergency repairs)
- 1 Section 34, Public Health Act, 1961, notice (requiring removal of rubbish from site)
- 1 1 Section 39, Public Health Act, 1936, notice
- 12 Section 277, Public Health Act, 1936, notices
- 4 Public Health (Recurring Nuisances) Act, 1969

Although this procedure represented an increase in Intimation and Abatement Notices from 857 in 1969 to 1,031 in 1970 - only 29 of the 1,031 were referred to the Town Clerk for court proceedings compared with 41 for the previous year.

Of the 29 cases referred:-

- 22 were settled without further proceedings
- 3 were withdrawn
- 1 was adjourned
- 2 Abatement orders were made
- 1 no order was made.

Abatement of defects in privately owned rented property has become necessarily complicated by the location of private house improvement grant work in the Housing Department. Delay in the execution of necessary works was attributed by owners to alleged protracted negotiations for grant aid. The inspectorate was compelled to inform many owners that whereas application for grant aid was

usually an optional matter for owners, the complying with an abatement notice was mandatory. They were further informed that the local authority also had a statutory requirement laid upon them to see that such nuisances were abated, if necessary, by court proceedings. The owners were therefore advised to proceed with such works as would not be rendered unnecessary by improvement work and to inform the Town Clerk that the balance would be executed when grant aid was approved. All such cases were referred for prosecution in order that the requirements of the Public Health Acts were complied with. Most of the complaining tenants expressed the opinion that whilst they were living in conditions which were prejudicial to their health, it was of little consolation to be told that at some time in the future an improvement might take place.

Inspection of Premises

re.	<i>Public Health Acts</i>	2106
re.	<i>Water Supply</i>	44
	<i>Overcrowding</i>	27
	<i>Verminous premises</i>	1
	<i>Smoke and Colour tests to old drains</i>	32
re.	<i>Sewers and drains</i>	190
	<i>Outworkers</i>	112
	<i>Nurseries and Child Minders</i>	141
	<i>Nursing Homes</i>	1
	<i>Old Persons Homes</i>	7
	<i>Hairdressers</i>	314
	<i>Schools</i>	1
	<i>Hotels, Guest Houses</i>	217
	<i>Moveable dwellings</i>	24
re.	<i>Building Plans</i>	20
	<i>Public conveniences</i>	22
	<i>Tattooists</i>	6
	<i>Places of public entertainment, cinemas etc.</i>	33

Miscellaneous Inspections

	<i>Refuse tips, accumulations etc.</i>	420
	<i>Rodent control and infestations</i>	133
re.	<i>Smells</i>	114
re.	<i>Air Pollution meter readings</i>	1044
re.	<i>Air pollution</i>	1558
re.	<i>Smoke observations</i>	27
re.	<i>Sound level readings</i>	5
re.	<i>Caravanners, campers and squatters</i>	11
	<i>Emergency visits to aged persons</i>	27
	<i>Dry cleaners</i>	7

Visits to Dwelling Houses

<i>Public Health Acts</i>	3779
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Investigations

<i>Noise, dust, effluents, etc.</i>	358
<i>Flooding, sub-floor water, etc.</i>	42
<i>Nuisances from animals, fumes etc.</i>	196
<i>Central heating fumes</i>	26
<i>Nuisances from launderette</i>	5
<i>Council house applications</i>	245
<i>Infectious diseases, food poisoning, dysentery, contacts etc.</i>	997

	<i>Council House applications</i>	5
	<i>Infectious diseases, food poisoning, dysentery, contacts etc.</i>	997
	<i>Extraneous matter in food</i>	537
	<i>Unsound food</i>	2981
re.	<i>Deposited plans</i>	58
	<i>Merchandise Marks Acts</i>	417

Notices and Notifications

	<i>Intimation Notices issued</i>	632
	<i>Abatement Notices served</i>	289
	<i>Public Health Act 1961, Section 17</i>	22
	<i>Public Health Act 1961, Section 18</i>	5
	<i>Public Health Act 1961, Section 26</i>	1
	<i>Public Health Act 1961, Section 34</i>	1
	<i>Public Health Act 1961, Section 39</i>	1
	<i>Public Health Act 1961, Section 277</i>	12
	<i>Public Health (Recurring Nuisances) Act 1969</i>	4
	<i>Without further delay letters</i>	12
	<i>Seven day letters</i>	57
	<i>Factory Act Notices (Informal)</i>	22
	<i>Factory Act (verbal notices)</i>	
	<i>Food Hygiene (General) Regulations, 1960</i>	68
	<i>Food Hygiene Verbal Notices</i>	167
	 <i>Local Land Charges</i>	 4974
	 <i>Plans referred from City Engineer for comment by Public Health Inspectorate</i>	 187

7. Nuisances from Accumulations, deposits, dust, smells etc.

(i) Accumulations:

The paramount problem from accumulations in 1970 was undoubtedly the conditions brought about when Portsmouth was deprived of its refuse collection service by the withdrawal of labour in the Autumn. The subsequent health hazards were prevented from becoming uncontrollable by the good sense of the citizens traders and strikers in recognising danger as it arose. Once again it was a stupid minority of the people that refused to enclose its refuse in the plastic bags freely issued, or wantonly deposited matter in public thoroughfares. This aspect of the strike was more depressing than the pall of smelly smoke which hung over the city from the many incinerations taking place. Nevertheless, against the mounting gloom and squalor there began to show again the innate neighbourliness of the British public as individuals and groups helped to remove refuse for the aged, infirm and helpless.

A particularly notable feature of the strike was the responsible manner in which major firms and combines in the city reacted to the emergency. Most of the large stores made their own arrangements for collection and disposal, after taking loads considerable distances to deposit at other authority's tips which were not strike bound. In the vanguard of these traders was a combine of Charlotte Street Marketeers whose impromptu refuse service made previous public complaints about their insanitary accumulations seem slanderous.

Similar commendations were earned by the strike committee and pickets who responded wisely to put vital public health safeguards before political advantage.

Rumours of rat sightings were rife and there were many allied complaints of flies and smells as the strike period lengthened. There were no confirmations of rodent infestations, and little increase in the fly population was observed, due no doubt to the lowering temperature. Particular attention was paid by the Inspectorate to the surveillance of catering premises and where threats to the public health developed, representations to the workers strike committee saw the situation relieved by the caterer's refuse being accepted at the picketed tip.

During the latter days of the strike as the negotiations between employer and employees became more tense, the stoppage threatened to involve workers engaged in sewage disposal works. This posed a potential health hazard of enormous consequences. In heavy rainfall such a stoppage of work could have caused an area of Southsea to be seriously flooded in sewage contaminated water up to a depth of 8 feet. In view of the large immigrant population in the city and the unknown quantity of communicable disease carriers among them the results of such flooding could easily be a typhoid or cholera outbreak. Here the Union representatives recognised the official opinion that a cessation of work would imperil the safety of the public and pumping operations were continued.

Portsmouth will long remember the fantastic array of psychadelic plastic bags jollying up the edge of the Eastern Road, but soon forgotten will be the possibilities of disease that were piled up until the filth was either burned or bulldozed away.

It is a sad reflection on the times to think that shortly after the inconvenience of this strike the public were again involuntarily embroiled in the differences of opinion between the employers and power house staffs in the electricity undertaking.

Including those generated by the "dustman's strike" 255 complaints were investigated in 1970. This considerable increase over the previous year indicates two trends. Firstly greater activity by that deplorable minority of the public who are dedicated to fouling up the city. Secondly a greater awareness by the generally apathetic majority of the fact that the environment is being polluted. The latter trend should now be followed so that the public at large will now identify the offending minority.

The depressingly dingy Portsmouth scene which detracts so much from the Southsea environment has been the subject of comment in these reports for the past twenty years. In that period the littering habits of the public have increased to the point where fresh legislation with powerful immediate deterrents should be in force. People have got into the habit of peeling off the wrapping of anything from a grand piano to a cigarette packet and just dropping it in their wake. Although adequate provision is made for used tickets on vehicles and at bus stops, the average Portsmouth fare stage resembles New York ticker-taped thoroughfares after a hero's parade. If a motorist can be made to pay for leaving a car more than a specified time in the road, then a litterer should automatically be subjected to a levy for leaving his litter. Perhaps traffic wardens who are constantly circulating throughout the city could be used to add to the exchequer the process of on the spot fines matured from the small-time litterer in the street.

(ii) Offensive Odours:

In January, complaints of obnoxious smells borne in from the sea on southerly winds were received from various parts of the City. Many reports wrongly attributed the odour to gas leaks and the Southern Gas Board speedily confirmed the error of these fresh alarms. The consensus of olfactory opinion was that the objectionable source was an oil slick in the Solent. Samples of oil-

impregnated seaweed submitted to the City Analyst were found to have a high bacterial action taking place in them due to the favourable climatic conditions. Although this particular investigation was not conclusive, the City Engineer caused all the fouled seaweed to be cleared from the beach and subsequently the smell disappeared.

Shortly afterwards several drums containing chemicals, all of which were capable of generating unpleasant odours were washed up on the shores of the Solent. The leaking condition of these canisters indicated a possible pollution of the local sea-waters and a further possible source of smell. This theory, together with possible temperature inversions trapping discharges from Fawley oil plant, further complicated explanation. Fortunately for those required to give reasons for this unpleasant intrusion, the matter was resolved by the smell just going away.

(iii) Pollution of the Foreshores:

During the summer and autumn complaints were received from bathers and other interested observers about pollution in the water and on the foreshore. No visible evidence of sewage pollution was seen but on certain foreshores the material washed up was indicative of waste jettisoned from the Isle of Wight ferries. Previous correspondence with British Rail on this subject was ressurected to reinforce the City Engineer's report to the Development and Estates Committee on the amount of waste material washed up on local beaches.

(iv) Dust and Other Deposits:

Deposits of smuts on washing, paintwork and other surfaces riled residents living within the ambit of the Central Electricity Generating Board power station. A tactful approach to the complainants and a diplomatic hint by the investigating inspector led to a visit by the complainants to the power station. There, both sides of the complaint brought the matter to an amicable conclusion.

(v) Charlotte Street Refuse:

Indescribably filthy conditions arose during the summer months in and around the small compound in Spring Street, used by market traders for disposal of refuse. The presence of usable foodstuffs in the disposed matter attracted the attentions of marauding children and economical adults. The result was considerable disturbance of the accumulation and subsequent fouling of the footway outside the compound. An additional hazard to the public health lay in scavenging dogs urinating on such things as edible peaches and lettuce, both of which were being salvaged and eaten by the indiscriminate children. Complaints of mice and fly infestation were also received from adjacent licensed premises.

The misuse of the refuse compound amounted to contravention by the local authority of the Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966, and by the public of the Public Health Act, 1936, and the Civic Amenities Act, 1968. Accordingly, the Department's suggestions for the proper use of this compound were embodied in a memorandum to the department concerned in the activities of the market. Later a meeting was convened in the Town Clerk's Department and from this meeting came action, which markedly changed the situation. A start was made on the application of the Food Hygiene (Market Stalls & Delivery Vehicles) Regulations, 1966, to the Charlotte Street Market, but this procedure was held up by the inspector being diverted to accomplish objectives at the Port.

(vi) Derelict Sites and Properties:

The inspectorate was plagued during 1970 by frequent complaints from mem-

bers of the public and often by members of the Council, regarding the depositing of unwanted material on derelict sites and in dilapidated vacant premises.

Many of these inexplicable open areas were quite valuable land and some contained buildings which had been allowed to decay. Despite the fact that some of them had been strongly protected against intruders, that wonderfully active and energetic anti-social minority in the public managed to make a commando-type invasion and start their own refuse tip. It is a pity that there are not more actions for trespass brought by the owners of these properties because the resultant accumulations, plus the annoyance to residents in the vicinity, justify exemplary penalties. There were numerous occasions when nearly all the district inspectors were engaged on hunts for site ownership. This exasperating waste of ratepayers money in the form of valuable official time could be obviated by land and property owners being compelled to register their holdings in a local property register, held in local authority possession and available for inspection by accredited persons. There is not one public health inspector who has not at some time or other felt completely frustrated by the ineffectual laws governing the identification of ownership of property sites, businesses. The ultimate irritation comes when, having identified ownership of the site, or property, the local authority using Section 34 of the Public Health Act, 1961, cannot recover the expenses incurred in removing a deposit.

8. Noise:

Nearly every statement about noise results in paradox. For example "Noise is mostly unwanted sound". Is it not absurd to do a thing which results in something you do not want? Yet noise is unwanted sound and the present trend on this planet is that this by-product of human activity will in time be the principal polluting agent. An indication of this is the World Health Organisation's estimate that industrial noise costs the United States of America four billion dollars every year by way of accidents, absenteeism and inefficiency. This coupled with expert opinion that the American background noise level is doubling every year indicates the enormous problem of that vast country. Even though the noise escalation is so dramatic in the States, the American may yet find a wide open space polluted only by the rare sonic boom. In the rapidly congesting United Kingdom there will soon be no escape from the multiplying decibels. If only each person in Britain would reduce their noise output by 5 dBA there would be enough quiet for everybody to have some.

39 complaints of a variety of noise nuisances were made to the Department and investigated by the Inspectorate. That noise affects environmental health as well as the well-being of the individual is a well recognised fact. Thus it is a health hazard type of nuisance which is the duty of public health inspectors to investigate. Where possible the inspectorate endeavours to anticipate noise sources which may increase output level to the nuisance mark. Many plans of new projects are submitted to the inspectorate and where apparatus, machinery installations or new processes are proposed, the proposer is advised to make provision to prevent the emission of noise and/or vibration from his premises. Such action has a two way benefit. If the advice is accepted the proposer can avoid ill-will being generated amongst his neighbours and save the extra expense of costly plant or building alteration. The inspectorate also benefits from the elimination of another possible complaint source.

In 1970 most of the complaints were resolved by friendly representation and agreement but three sources proved difficult to eliminate.

In the early summer a noise and vibration nuisance was drawn to the attention of the Department by the owner occupier of a new house in Southsea. The complainant had been in residence about a fortnight when air compression

machinery housed in a temporary building a few feet from the complainant's private dwelling house commenced operations. Vibration from the compressor was accentuated by the fact that the site of the block of houses and the machinery housing were on a site consisting of alluvium. Both noise and vibration were transmitted to the dwelling house to such an extent that the housewife had to receive medical attention and the investigating inspector had no hesitation in confirming that a nuisance existed.

Unfortunately the situation was complicated by the fact that the process was one which provided air to the underground workings of a firm employed on the Burgoyne Road site of the Portsmouth Main Drainage Contract 12, Southsea Drainage Scheme. Every endeavour was made by the contractors to reduce the sound and vibration to bearable levels but the boggy type of subsoil made vibration transmission almost impossible to cure. The deterioration of the complainant's health was such that the inspectorate was compelled to seek authority for proceedings in case of failure in the assurances given by the contractors that they would master the problem. The problem was eventually solved by the Corporation acquiring the complainant's freehold.

The Milton depot of a large southern bakery combine caused the District Public Health Inspector literal sleepless nights, for on a number of occasions he spent the complete night auditioning the sounds coming from the employees and processes. His reward was some good breakfasts from a hospitable complainant and enough evidence to justify the service of both Public Health (Recurring Nuisances) Act, 1969, and Food Hygiene (General) Regulations, 1960, notices on the parent firm. Fortunately the firm put themselves in a strong legal position by carrying out the required works to their property and apparatus and by inhibiting the noise from their employees. As the year closed it was felt that the situation had been temporarily ameliorated but that more would be heard from both complainant and noise source in the New Year, unless either the Corporation acquired the depot site by compulsory purchase or the bakery found a new venue for their activities.

The third intractable case was that of noise from the exhaust fans of the Farlington polystyrene processing works which the persistent complainants found irksome. The inspectorate always attended to the complaints but never found evidence of nuisance.

The following tables summarise noise complaints:

Total number of complaints received	39
Total number investigated	39

Noise Abatement Act 1960.

Section 1.

	Industrial	Commercial	Domestic	Total
Number of nuisances confirmed	4	13	1	18
Number of nuisances remedied informally	3	12		15

No abatement notices or nuisance orders were served.

(xi) *What are the most common causes of complaint:*

Commercial	20
Domestic	8
Industrial	7
Dogs	2
Airport	1
Traffic	1

Noise Abatement Act 1960.

Section 2.

No action.

9. Pest Control:

(xii) *Rodent Control:*

The following tables show:—

1. Number of complaints received.
2. Number and type of complaints treated.
3. Number of surveys carried out.
4. Number and type of complaints treated.
5. Suspect defective drains test in the course of this work.

1. *Complaints received – 2227*

2. <i>Treatments completed:</i>	Rats	Mice
Dwellings	590	1218
Business Premises *	117	257
Local Authority	130	56

3. *Surveys carried out - 598*

4. <i>Treatments completed</i>	Rats	Mice
Dwellings	25	126
Business Premises *	6	7
Local Authority	40	10

5. <i>Examination of Drains</i>	Tested	Found Defective
	38	35

* Rechargeable work.

Routine surveys of refuse tips, demolition areas, foreshores, sewerage disposal stations, parks, allotments and open areas were carried out throughout the year.

Warfarin is still the principal poison used. Resistance to warfarin has not been found in rats in this area.

The Rodent Control Contract between the City Council and the Ministry of Defence for the control of rodents in Naval Establishments is continuing.

Treatment of rats in the City's sewerage system continues in liaison with the Ministry of Agriculture, Fisheries and Food. The Mainland and North Island

areas remain virtually rat free. In the South Island area the level of infestation has been reduced during the year.

(xiii) Disinfestation:*

	Bugs	Fleas	Lice	Cockroaches.
Dwellings) Dwellings (L.A.))	57	577	3	10
Other Premises (L.A.)	-	25	-	12
Business Premises	2	27	-	14

Rooms Treated:

	Bugs	Fleas	Lice	Cockroaches.
Dwellings) Dwellings (L.A.))	143	2449	1	11
Other Premises (L.A.)	0	163	-	8

* Rechargeable work.

10. Inspection and Supervision of Food.

xiv. Food and Drugs Act, 1955:

During the year, 1543 samples were purchased or taken. 63 were found to be adulterated, incorrectly labelled, or otherwise unsatisfactory, or 4.1%, compared with 2.5% in 1969.

The adulterated, incorrectly labelled or otherwise unsatisfactory samples were dealt with by caution, or the acceptance of undertakings by the firms in question.

xv. Milk (Special Designation) Regulations, 1963, as amended:

42 Dealers' (Pre-packed Milk) licences were issued, authorising the use of the following special designations:-

Pasteurised — 27
Sterilised — 7
Ultra Heat — 8
Treated

540 samples of designated milk were submitted for testing:—

Designation	No. taken	Failures:	
		Methylene blue test	Phosphatase test
Pasteurised	197	5	Nil
Pasteurised School	34	Nil	Nil
Pasteurised Homogenised	45	Nil	Nil
Channel Island (Pasteurised)	121	2	Nil
Sterilised	47	Nil	Nil
Untreated	55	4	Nil
Ultra Heat Treated	41	Nil	Nil

xvi. Milk:

886 samples were taken during the year. 6 samples were subsequently criticised. A further 71 samples were below the presumptive limits of the Sale of Milk Regulations, but were reported genuine, following the freezing point depression test. Of this total number of milks, 346 represented milk supplied by producers to processors within the City.

xvii. Ice Cream - Food and Drugs Act, 1955, Section 16:

12 premises were registered for the sale of ice cream.

45 samples, comprising 43 ordinary and 2 dairy ice creams, were taken and examined for hygienic quality, with the following results:—

25 samples	—	Grade I
12 samples	—	Grade II
1 sample	—	Grade III
7 samples	—	Grade IV

xviii. Medicines:

139 samples were taken. Of this number, 6 were criticised as not being in accordance with the appropriate legislation or standards. 72 samples represented medicines normally dispensed on prescription.

xix. School Meals Service:

During the year 36 samples were submitted for analysis.

xx. Port Health:

Test samples of 40 consignments of foodstuffs unloaded at the Port were submitted for analysis.

xxi. Water:

248 samples of water were taken. This number represents:—

15	—	City Supply Waters
131	—	Swimming Pool Waters
12	—	Paddling Pool Waters
90	—	Sea Waters

xxii. Washed Milk Bottles:

120 samples were taken from the two processing dairies within the City.

(xxiii)

FOOD & DRUGS CONSUMER COMPLAINTS

Product	Allegation	Outcome
Sausage roll	Piece of price ticket in it	T.C. warning
Pearl barley	Beetles	C.H.I. warning
White sliced loaf	Ticket from flour bag in it	T.C. warning
Sausage roll	Mouldy	C.H.I. warning
Sausages	Mouldy	C.H.I. warning
Beef sausage	Metal staple in it	T.C. warning
Potato crisps	Mouldy	C.H.I. warning
Bread	Oily Dough	C.H.I. warning
Milk bottle	Chlorephenol	Legal proceedings
Liquorice allsort	Maggot infestation	C.H.I. warning
Milk powder	Ferrous metal powder present	C.H.I. warning
Papadums	Beetles	C.H.I. warning
Scones	Ants	C.H.I. warning
Pork pie	Mouldy	C.H.I. warning
Sausages	Piece of rubber in it	C.H.I. warning
Pancakes	Mouldy	Legal proceedings
Sausage roll	Mouldy	C.H.I. warning
Pasty	Mouldy	C.H.I. warning
Corned beef	Blue dye in it	C.H.I. warning
Steak & Kidney pie	Mouldy	C.H.I. warning
Bacon joint	Maggots in it	C.H.I. warning
Iced bun	Wasp in it	C.H.I. warning
Skinless beef sausage	Mouldy	C.H.I. warning
Wholemeal bread	Machine oil present	C.H.I. warning
White bread loaf	Verdigris	T.C. warning
Steak & kidney loaf	Mouldy	C.H.I. warning
Popcorn	Mouldy	C.H.I. warning
Custard tart	Metal link in it	Legal proceedings
Madeline	Moth larvae in it	Legal proceedings
Loaf	Insect present	T.C. warning
Apple turnover	Fly present	C.H.I. warning
Steak & kidney pie	Mouldy	C.H.I. warning
Cornish pasty	Mouldy	C.H.I. warning
Corned beef	Sour	C.H.I. warning
Cottage cheese	Mouldy	C.H.I. warning
Cakelets	Mouldy	C.H.I. warning
Blackcurrant & apple pie	Metal washer present	C.H.I. warning
Batter mix	Moth infestation	C.H.I. warning
Canned beans	Cigarette end in tin	C.H.I. warning
Cream buns	No cream in	C.H.I. warning
Mint sauce	Glass fragments present	T.C. warning
Cherry nougat	Contained brazil nut shell	C.H.I. warning.

The above incidents were reported to Committee with recommendations as indicated. As well as the specific complaints reported, there were 134 other complaints which required no further action or were not substantiated.

11. Food Premises:

To be fully conversant with the highly specialised task of inspecting catering premises, readers of this report should acquaint themselves with the Food Hygiene (General) Regulations, 1960, which were amended in the year under review and operate from 1st March, 1971, as the Food Hygiene (General) Regulations, 1970. Any business or undertaking in which food is sold or supplied for human consumption, whether run for profit or not, is affected by this legislation.

Many establishments have such virtuous managements that inspection of the premises need only be cursory. These are generally the large combines where the importance of educating staff in food hygiene is recognised. Occasionally there is the particularly conscientious business proprietor of a small food shop whose premises are kept in first class condition but the maintenance of good standards in food hygiene can only be achieved by constant vigilance on the part of the inspectorate.

About the best example of this need for selective inspection occurred in 1970 when proceedings were entered against a Pakistani Restaurant's proprietors. This restaurant opened in 1960 against the better judgement of the inspectorate. The premises were in the area scheduled for redevelopment as a civic centre. Within one year of opening, the premises were the subject of Food Hygiene, Abatement and Section 89 notices. First court proceedings were adjourned in 1962 because the premises had then an anticipated life span of four years. Due allowance was made for difficulties arising from the language barrier and the proprietor, manager and staff were interviewed on frequent occasions when the requirements of the regulations were painstakingly explained to them. On every occasion this advice was received with Oriental charm and promises of constant observance, but the establishment became a thorn in the inspectorate flesh.

Early in 1967, the abandon with which susceptible food was being subjected to dangerous temperature variations, the slaughtering of live chickens in the kitchen area and numerous other offences led to further proceedings in the Magistrates' Court. Application was also made under Section 14 of the Food and Drugs Act, 1955, for disqualification of the caterer. Although a senior member of the inspectorate spent well over an hour in the witness box testifying to the extremely grave threat to the public health that this restaurant posed, a benevolent bench dismissed the application and imposed a modest fine. Surveillance of the restaurant by frequent inspection continued until 1970 when the Pests Officer reported an extraordinary increase in rodent activity in the immediate vicinity of the premises. Further investigation in the building revealed a major rat infestation affecting the complete structure. Only the nebulous lighting prevented patrons from seeing the rat holes in the dining room skirting boards. This fact the magistrates appreciated when considering a charge of contravening Regulation 22. At this second hearing the defendants pleaded guilty, a process which can often take the punitive value out of proceedings. Fortunately the Corporation's legal representative was well briefed in the hazard to which the public had been exposed and the person responsible for the conduct of the business was fined a total of £300 and costs. Disqualification of the defendant from using the premises as a catering establishment was also ordered.

But for the fact that the Corporation had lately acquired the premises and the lease could be determined, the disqualification of the defendant would have been been an academic exercise only. The defendant was one in a family concern, running a chain of restaurants in the south of England and although his indifference to food hygiene and the principles of food management posed a serious threat to the public health, his ban was in respect of one restaurant only. Fortunately for the public the Corporation refused renewal of the lease

and the bulldozers will rid the City of the last vestiges of an unpleasant establishment.

This case illustrates the need for plenary powers of closure. Any future amendment of food hygiene legislation could well provide for closure subject to the right of appeal to a High Court.

xxvi Catering Premises Generally:

One comment needs to be made on the management of some chains of restaurants and hotels. It refers to the lack of concern shown by the directors of holding companies regarding management of their establishments. From the experience of the inspectorate it is obvious that some boards of directors are concerned only with profit margins and are oblivious to their duties to the public. This attitude reflects itself in the quality of the staff employed, especially in seasonal establishments. Every fair minded person will be in sympathy with students who supplement their grants by working during vacations, often as untrained unskilled assistants in the catering industry. That same sympathy vanishes when members of the public find themselves being served by an extremely hirsute adolescent of unconventional appearance and questionable manicure. Many managers are forced by the sheer pressure of economics to accept such peak period assistance as they can get and there are obvious examples of such staff being initiated with the food trade without any acquaintance with Regulations 9, 10 & 11 of the Food Hygiene Regulations. Difficulties in obtaining suitable staff led the management of one chain of restaurants to take precipitate action to avoid prosecution. After a series of staff failures, the directors of the chain were cajoled by the inspectorate and informed of the restaurant's condition.

Such were the exchanges between the absentee owners and the inspectorate that the next day, the director's representative owner fired the manageress, sacked the staff and closed the premises indefinitely. This instance was a classical example of the indifference shown by distant boards of directors to the operation of their establishments.

The public health inspectorate is convinced that the right level of food hygiene will not be achieved until, all employees in the catering industry are properly educated in their trade as is obligatory, upon employees under the Industrial Training Act 1964. It would be well if anybody wishing to enter into employment in any food business had to produce evidence of having undergone training in food hygiene. In the meantime the Public Health Inspectorate regards its health education programme and activities as one of its principal duties.

Four complaints against premises for specific contraventions were made during the year. Exasperation was caused by some complainants who grouched about standards of food and service. Great details were given as to the drawbacks of the meal but most of the complainants were so incensed that they forgot to identify the location of the alleged offenders. From this it is readily appreciated that the complaints originated from visitors to the city, usually day trippers. Nevertheless the inspectors concerned spend much valuable time endeavouring to identify cafes from sketchy information.

12. Food Hygiene (General) Regulations 1960:

61 notices were served on offenders against the Regulations in regard to 200 contraventions, 39 of which referred to lapses in the cleanliness and repair, etc. of food rooms.

xxvii *The following table shows the contraventions:*

Regulation No.	Contravention	No. of offences
5	Food business not to be carried on at insanitary premises	7
6	Cleanliness of equipment	26
7	Restriction on preparation and packing of food on or about domestic premises	1
8	Food to be protected from risk of contamination	11
9	Personal cleanliness	4
14	Sanitary conveniences	30
15	Water supply to be provided	1
16	Wash-hand basins to be provided	34
17	First Aid materials to be provided	17
18	Accommodation for clothing etc.	5
19	Facilities for washing food & equipment	12
20	Lighting of food rooms	1
21	Ventilation of food rooms	3
23	Cleanliness and repair, etc., of food rooms	43
24	Accumulation of refuse, etc.	4
25	Temperature at which certain food is kept	1
		200

It has to be emphasised that there is no provision in the regulations for the service of notices on contraveners of these legal requirements. Once a dereliction of duty on the part of the person engaged in the food business is observed there is sufficient reason for the offender to be prosecuted.

However, on the basis that part of health education is a reasonable amount of patience and persuasion the inspectorate first give verbal notice to the offender. In 1970 167 verbal notices were given. These were accompanied by the necessary advice on the most efficacious way of remedying the contraventions and 104 were remedied forthwith. Save for exceptional cases where undue disregard for the safety of the public occurred this procedure was observed. The foregoing formal notices were served on the exceptions.

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The following table records the prosecutions of the one establishment which put itself beyond the pale of further consideration.

Food Hygiene (General) Regulations 1960.

	Number:	
	Prosecutions	Convictions
Part II — General requirements	4	4
Part III — Requirements relating to persons engaged in the handling of food	2	2
Part IV — Requirements relating to food premises	6	6
Note: The 12 prosecutions and convictions relate to the legal proceedings in one case against a Pakistani restaurant.	12 Totals	12
Total Fines & Costs: £300 + £25.	Number of premises disqualified: 1	Periods of disqualification : 2 years.

xxix Inspection of Food Premises, etc.

Breweries	1
Tea Blenders	1
Tripe Dresser	1
School meal kitchens	56
Milk and dairies	124
Ice cream factories, depots	21
Bakeries	59
Restaurants, cafes, factory canteens, etc.	809
Grocers and supermarkets	901
Grocers (wholesale)	292
Butchers, retail and delicatessen	360
Butchers, wholesale	491
Bread, cake shops and sweet shops	365
Preserved Food Premises — Section 16	195
Market stalls, vans, milk floats	890
Potato crisp manufacturers	2
Hotels and guest houses	241
Public houses and off licences	148
Confectioners, wholesale	82
Confectioners, retail and ice cream retailers	290
Greengrocers, retail	287
Greengrocers, wholesale	89
Fried fish shops	96
Fishmongers, retail and shellfish vendors	52
Fishmongers, wholesale	240
Miscellaneous	195
Wholesale fruiterers	1

xxx Information required by Ministry Circular 1/70:

Category of Premises	Number of Premises	To comply with Regulation 16*	To which Regulation 19* applies	To comply with Regulation 19*
Grocers	390	379	390	361
School Kitchens	43	43	43	43
Confectioners	202	168	171	159
Butchers	121	115	121	115
Greengrocers	148	122	91	91
Public Houses	107	107	107	107
Canteens	123	105	123	119
Nursing Homes, Day Nurseries & Old Peoples Homes	32	28	32	31
Fried Fish	61	55	61	58
Fresh Fish	33	32	33	32
Cafes	135	130	135	131
Cake Shops	130	100	87	84
Off Licences	52	49	52	49
Snack Bars	80	80	80	78
Bakeries	15	15	15	15
Private Clubs	31	27	31	29
Supermarkets	32	30	32	30
Restaurants	71	65	71	67
Kiosks	35	27	33	27
Delicatessen	22	20	22	19
Hotels, Guest Houses	422	378	422	405
Ice Cream Parlours	4	4	4	4

* — Regulation 16 requires adequate provision of wash-hand basins.
 Regulation 19 requires adequate facilities for washing food and equipment.

13. Restaurant Stool Survey:

This delicate exercise was not an inspection of seating arrangements under the Office, Shops & Railway Premises Act but an investigation of the infective potentialities of a cross section of people engaged in the catering business in this city. With the quick transference of infections such as cholera from overseas as an ever present risk, this probe was a sensible attempt to locate carriers in the industry. The original suggestion for the tests came from the Public Health Laboratory. Subsequent negotiations with the members of the various catering businesses were conducted by the District Public Health Inspectors. A great deal of tact and persuasion was required to secure the very necessary co-operation of a variety of nationals. The extremely complicated and time-consuming programme of specimen-collection was carried out by one technical assistant. If one considers the variations provided by a number of different nationals, each with a particularly complicated way of life, the actual collection of the faecal specimens will be seen as one of the most exacting and exasperating operations undertaken by the Department. Allied to the evasiveness of some of the persons pursued was, of course, the language difficulty. However, the exercise proceeded and a large number of specimens were submitted for bacteriological examination. No salmonellae, shigellae or vibrios were isolated but as the scope of this particular investigation was severely limited, it would be presumptuous to come to any conclusions.

14. Common Lodging House:

Portsmouth's erstwhile common lodging house is temporarily vacant whilst it undergoes rehabilitation after having been acquired by the Corporation. When the necessary works have been completed the premises will be re-occupied by the former occupants, who are at present accommodated in a house in Lake Road.

15. Clean Air Acts 1956–1960:

The chimney of a Fratton firm has been the subject of complaints from residents and other interested persons for a number of years past, because of its contribution to air pollution in the neighbourhood. The owners of the installation were given advice and, latterly, verbal and written warnings. Ultimately, a boilerman was dismissed for burning unauthorised fuel in the furnace. It was thought that this drastic step would have solved the problem but less than a fortnight after the man's dismissal the factory was again in production. This time it was dark smoke over periods which constituted a flagrant breach of the law. Fortunately for the public, the chimney was then under observation by a public health inspector. In the subsequent proceedings in Court the offending firm was fined £20 and costs, a modest penalty for an unreserved contribution.

Monitoring of Portsmouth air has been a process continued over eight years.

Members will recall that in January, 1969, I reported on the powers conferred by the Clean Air Acts and, later, upon the necessity for improving the environment by implementing a smoke control programme as a long term policy with the ultimate aim of comprehensive control over the whole city. Unfortunately the initiation of this programme was deferred by the unfavourable financial and fuel supply situation which developed. Each year that smoke control is in abeyance is a considerable addition to the pollution of this city's atmosphere. It is therefore essential that this project which imparts an equal benefit to each citizen should not be jeopardised by any future financial stringency, especially now that the shortage of smokeless fuels has been remedied.

xxxi Action under Acts – Industrial

Dark Smoke
Clean Air Acts 1956, 1958, Section 1

	CAA 1956	CAA 1968
(a) number of contraventions recorded	1	-
(b) successful prosecutions	1	-
(c) unsuccessful prosecutions	-	-

Grit or Dust
(1) Emissions
Clean Air Act 1968, Section 2(4)

NIL

Arrestment plant
Clean Air Acts 1956 Section 6; 1968 Section 3

NIL

Exemptions
Clean Air Act 1968, Section 4

NIL

Measurements
Clean Air Acts 1956 Section 7; 1968 Section 5(3)

(a) number of directions made	NIL
(b) number of notices received from occupiers	-

Chimney Heights
Clean Air Act 1968. Section 6

(a) number of applications	6
(b) number of cases in which alterations were required	1
(c) number approved	6
(d) number refused	NIL
(e) number of appeals:	NIL
(i) against refusal	— upheld — quashed — modified
(ii) against conditions of approval	— upheld — quashed — modified

Action under Acts - Domestic

Smoke Control Areas

NIL at present

But a future programme under consideration.

15. Factories Act 1961.

PART 1 OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities $\neq$	22	5	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	750	1624	22	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) $\neq$	1	-	-	-
Total	773	1629	22	-

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three, or more occasions they should be reckoned as two, three or more 'cases')

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To HM Inspector (4)	By HM Inspector (5)	
Want of cleanliness (S.1)	13	11	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) a. Insufficient	7	4	-	2	-
b. Unsuitable or defective	33	26	-	-	-
c. Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total	53	41	-	2	-

* London Borough, County Borough, Urban District, Rural District

+ To prevent any differences between the lists kept respectively by the Local Authorities and H.M. Inspectors of Factories of the numbers of factories in which sections 1,2,3,4, and 6 of the Factories Act, 1961 are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H.M. Inspectors of Factories.

≠ i.e. Electrical Stations (Sections 123(1)), Institutions (Section 124) sites of Building Operations and Works of Engineering Construction (Section 127), Slaughterhouse, (Section 175(1) (d) and (e)) and Railway Running Sheds (Section 175(2) and (10)).

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PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Section 133. No. of outworkers in August list required by Section 133 (1) (c).
Wearing apparel: making, etc. 89.

16. The Offices, Shops and Railway Premises Act, 1963:

After nearly a decade in which this Act has been in operation the most remarkable feature of its application has been the steady improvement between businessmen and the inspectorate. Technical Assistants report a marked increase in co-operation from employers. This has meant a gradual decrease in the number of notices sent out. More work is being carried out on verbal request only, even major works of improvement, and most of the credit for this achievement must go to the Technical Assistants. They now comprise an integral part of the Public Health Inspectorate and relieve the inspectors of much repetitive field work. They are specially competent on locating new and unregistered businesses.

One of the principal difficulties experienced in administering the Act has been that of establishing when persons are actually employed. In one instance prosecution was envisaged against the proprietor of a Chinese restaurant for failing to comply with the requirements applicable to a fairly large staff of waiters. The proceedings against the firm were staged because the principal claimed that the waiters were all partners and not employees. In the time taken to disprove this claim the ownership changed hands and the offender escaped any penalty for what was a flagrant evasion of the law.

One flaw in the Hoists and Lifts Regulations, 1968, has come to light. The Regulations require every lift to be examined by a competent person at least once every six months. The report of the examiner should be kept readily available for inspection by officers enforcing the Act. It is the unfortunate habit of some headquarters to retain these reports which relate to their branch offices. The intention of the Act was that the report should be "readily available" on the premises in which the lift operates and not that the officer should have to traipse along to some distant head office. Where head office's organisation is such that there they must amass all information regarding their branch premises, it would be politic to photocopy the lift report and forward it to their branch in order to comply with the regulations. Otherwise the time is coming when legal action will have to be taken to ensure that the reports are kept readily available on the premises to which they relate.

Another useful amendment to the Regulations would be the requirement to produce certification by a competent person that the required repairs had been carried out in accordance with the requirements of any unfavourable report. The maintenance of this information for ready inspection by the enforcing officer would save considerable exasperation.

One prosecution took place. Failure to maintain reasonable temperature in a Southsea shop incurred a penalty of £5 and costs.

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TABLES

Table A

Analysis of Contraventions

Section	Number of Contraventions found		
4	Cleanliness	(118)	138
5	Overcrowding	(8)	9
6	Temperature	(111)	129
7	Ventilation	(26)	37
8	Lighting	(16)	8
9	Sanitary conveniences	(284)	297
10	Washing facilities	(137)	170
11	Supply of drinking water	(-)	3
12	Clothing accommodation	(4)	13
13	Sitting facilities	(-)	2
14	Seats (Sedentary Workers)	(2)	1
15	Eating facilities	(-)	2
16	Floors, passage and stairs	(123)	137
17	Fencing exposed parts machinery	(29)	35
18	Protection of young persons from dangerous machinery (-)		-
19	Training of young persons working at dangerous machinery	(-)	-
23	Prohibition of heavy work	(-)	-
24	First aid	(192)	232
	Other matters (Abstract)	(134)	149
Total		(1184)	1362

Note: The figures in parentheses are contraventions remedied in 1970. Any excess of these figures over the number of contraventions formed is due to carry-over from 1969.

Table B Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	94	760	639
Retail Shops	113	1,707	1119
Wholesale shops, Warehouses	13	149	79
Catering establishments open to the public, canteens	14	447	367
Fuel storage depots	1	7	1
Totals	235	3,070	2205

Total number of visits of all kinds by inspectors to registered premises under the Act: 5161

In this Schedule —

“general inspection” means any inspection of premises to which the Act applies which is undertaken for the purpose of ascertaining whether all the relevant provisions of the Act and instruments thereunder are complied with as respects those premises; and “registered premises” means any premises in respect of which a notice under section 49 of the Act has been received by a local authority or by the Greater London Council and the expression “premises registered” shall be construed accordingly.

TABLE C Analysis by workplace of persons employed in registered premises at end of year.

Class of Workplace	Number of Persons Employed
Offices	12,972
Retails shops	10,111
Wholesale departments, warehouses	1,925
Catering establishments open to public	2,680
Canteens	179
Fuel storage depots	24
Total	27,891
Total males	17,522
Total females	10,369

TABLE D Exemptions

No. of applications received		None
No. of applications granted		
(i)	space	None
(ii)	temperature	None
(iii)	sanitary conveniences	None
(iv)	running water	None

TABLE E Prosecutions

Number of prosecutions	Number of convictions
1	1
Fined £5 & costs	

TABLE F Staff

No. of inspectors appointed under Section 52(1) or (5) of the Act – 17.
(15 after May).

Only 8 inspectors actually employed on O.S.R.P. Act work (6 after May).
No. of other staff employed for the greater part of their time on the Act – 3.

TABLE G Registration and Inspection of premises

235 premises were registered during the year.

Offices	Retail Shops	Wholesale shops & Warehouses	Catering Establishments	Fuel Stores	Total
94	113	13	14	1	235

Most new registrations were the result of discovery by the inspectorate. Few were spontaneous registrations by new employers.

TABLE H Reported Accidents

Workplace	Number Fatal	Reported Non Fatal	Total No. Investigated	Action Recommended			
				Prosecution	Formal warning	Informal advice	No action
Offices	1	5	1			1	4
Retail shops		50	12		1	1	49
Wholesale shops							
Warehouses		10	3		1	1	8
Catering establishments, open to public, canteens		6	5		1	-	5
Fuel storage depots		2	-		-	-	2
TOTALS:	1	73	21		3	3	68

TABLE I Analysis of reported accidents

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public, canteens.	Fuel storage depots
Machinery		2		1	
Transport			1		
Falls of persons	2	15	4	3	
Stepping on or striking against object or person	1	2	-	1	
Handling goods	1	19	2	1	1
Struck by falling object		2	1		
Fires and explosions					
Electricity					
Use of hand tools		7	1		
Not otherwise specified	1	5			1

17. Caravan Sites & Control of Development Act 1960.*xxxv Caravan Sites*

	Privately Owned Sites	
	Residential	Holiday
Number of site licences operating as at 31st December		
(a) Individual	1	-
(b) Multiple (more than 3)	2	-
Total number of caravans	111	-
Number of prosecutions - section 1 (i.e. breaches of licence conditions)	Nil	Nil
Number of appeals to courts against site licence conditions	Nil	Nil
In respect of separate licence conditions the number of		
(a) variations	Nil	Nil
(b) cancellations	Nil	Nil
Number of contraventions - section 9 i.e. breaches of licence conditions)	Nil	Nil
Number:		
(a) remedied informally	Nil	Nil
(b) prosecutions	Nil	Nil
(c) convictions	Nil	Nil
Number of sites made subject to conditions for reducing caravans during the year	Nil	Nil
Number of sites made subject to Section 20 during the year (termination of use of existing site)	Nil	Nil

One application for site licence was investigated and refused as the site was subject to flooding and did not conform to the requirements of the Corporation Standard conditions.

	Local Authority Sites	
	Residential	Holiday
Total number of sites as at 31st December		3
Number of caravans	122	187
Number of private sites taken over by L.A. under section 24(5)	Nil	Nil
Number of permanent sites for gypsies and itinerants		
(a) in operation	-	-
number of caravans	-	-
(b) contemplated (Min. H. & L.G. Circular 26/66)	-	-
number of caravans	-	-

xxxvi Tented Camping Sites

	Private	L.A.
1. (a) Number of licensed sites as at 31st December	-	-
(b) Number of tent pitches	-	-
2. (a) Number of unlicensed sites in regular use during the year	-	1
(b) Approximate number of tent pitches	fluctuating widely.	
3. Number of sites of all kinds having satisfactory	-	1
(a) water supply		
(b) sanitary accommodation		
(c) washing facilities		
(d) refuse facilities		

18. Housing:*xxxvii Clearance:*

The Council's current clearance programme will, so far as the Public Health Inspectorate is concerned, be completed by mid 1972, after which, as I stated in a recent report to the Health and Housing Committee, it is envisaged that there will be no further large scale clearance but that the emphasis will be on retention and improvement of areas of houses with any clearance limited to small pockets in those areas.

It is most regrettable that after carrying out the onerous and often thankless tasks involved in discharging the Council's slum clearance programme with the hope and anticipation of concentrating more on improvement, a course of action pioneered by both the association of Public Health Inspectors and myself, that the responsibility for securing the improvement of housing conditions by means of grants should be taken away from the Public Health Inspectorate.

This decision is all the more difficult to understand when it is remembered that the principal object in the improvement of housing is to remove conditions which are prejudicial or dangerous to the health of the occupants, that the officers who are specifically trained, qualified and experienced in this work are the Public Health Inspectors.

In 1970 official representations continued with respect to the Clearance Programme for the period 1967-1971, embracing 463 houses in 13 areas in Landport.

For 1970 the areas represented were:

Landport 37

Landport 38

Landport 39

Landport 40

Landport 41

Classification followed survey of the areas which were finally designated as:

Landport 37

Dickens Road No. 1

Dickens Road No. 2

Dickens Road No. 3

	Dickens Road No. 4
	Dickens Road No. 5
Landport 38	Centaur Street No. 1
Landport 39	Hercules Street No. 1
	Gamble Road No. 1
Landport 40	Bedford Street No. 1
	Malthouse Road No. 1
	Malthouse Road No. 2
	Malthouse Road No. 3
Landport 41	Stirling Street No. 1

These Clearance Areas were followed by Compulsory Purchase Orders under Part III of the Housing Act 1957, namely:

Landport 37	Dickens Road No. 1	Compulsory Purchase Order
Landport 38	Centaur Street No. 1	Compulsory Purchase Order
Landport 39	Hercules Street No. 1	Compulsory Purchase Order
Landport 40	Bedford Street No. 1	Compulsory Purchase Order
Landport 41	Stirling Street No. 1	Compulsory Purchase Order

Houses in Old Portsmouth.

Following the acceptance of the owners' offers of works, repairs and improvements have proceeded with the exception of No. 1/1A Penny Street.

At the end of the year of the other 15 properties involved:

No. of properties where work has been completed	13
No. of properties rebuilt	1
No. of properties where work is still in hand	1
Declaration of Unfitness Orders	Nil

Houses unfit for human habitation represented to the Committee under Part II of the Housing Act, 1957.

Closing Orders	9
Demolition Orders	2
Undertakings not to be used for human habitation	—
Parts of buildings closed	4
Purchase notices	2
Undertakings to demolish	1

The results from 1969's programme are shown in the following table of Public Inquiries which were held during 1970:

Local Public Inquiry	Date	Result
City of Portsmouth (Princes Street No.1) Compulsory Purchase order — 1967	10.3.70	Confirmed with modifications by the Ministry of Housing & Local Government on 17.6.70.

Local Public Inquiry.	Date	Result
City of Portsmouth (Emanuel Street No. 1). Compulsory Purchase Order—1969.	8.4.70	Confirmed with modification by the Ministry of Housing and Local Government on 7.7.70.
City of Portsmouth (Grafton Street No. 1). Compulsory Purchase Order — 1970.	13.5.70	Confirmed by Ministry of Housing and Local Government on 20.7.70.
City of Portsmouth (Gladstone Street No. 1). Compulsory Purchase Order—1970.	25.8.70	Confirmed with modification by Ministry of Housing and Local Government on 30.10.70
City of Portsmouth (Gladstone Street No. 2). Compulsory Purchase Order—1970.	25.10.70	Awaiting confirmation.

Orders confirmed by Minister of Housing and Local Government

City of Portsmouth (Longs Road No. 1). Compulsory Purchase Order — 1969.	Confirmed with modification by Ministry of Housing and Local Government 16.1.70.
City of Portsmouth (Milford Road No. 1) Compulsory Purchase Order — 1969.	Confirmed with modification by Ministry of Housing and Local Government 27.2.70.

Whilst the foregoing was being resolved field work was proceeding in Landport for the current clearance programme in which the following were included:

Adelaide Street	George Street	Malins Road
Agincourt Road	Hampshire Street	Somers Road North
Beeston Street	Henry Road	South Road
Cressy Road	Inverness Road	Sutton Road
Elm Road	Little George Street	Sydenham Terrace
Fratton Grove	Lucknow Street	Vivash Road

During the year detailed surveys were carried out to ascertain the condition of living accommodation in the following streets:

Binstead Road	New Road	Tipner Green
Childe Square	Newcomen Road	Tipner Road
Grunislen Road	Queen's Road	Twyford Avenue
Harbour Quay	Ranelagh Road	Victory Green
Hilldowns Avenue	St. Stephen's Road	Walden Road
Jersey Road	Somerville Place	Walker Road
Jervis Road	Stanley Road	Western Terrace
Knox Road	Strode Road	Widley Road
Lower Derby Road	Target Road	Wilson Road
Meyrick Road	Tipner Lane	Winchester Road
		Winstanley Road

xxxviii *Improvement Areas:*

Inspection of Stamshaw General Improvement Area commenced and the detailed survey of the houses included in the proposed Stamshaw Nos. 1 and 2 Areas revealed that the prevailing conditions were as follows:

Analysis of Dwellings lacking amenities.

Stamshaw No. 1 General Improvement Area	
Dwellings lacking a bath or shower in a bathroom	161
Dwellings lacking a wash hand basin	189
Dwellings lacking a sink	7
Dwellings lacking a hot and cold water supply at a fixed bath or shower	68
Dwellings lacking a hot or cold water supply at a wash hand basin	218
Dwellings lacking a hot and cold water supply at a sink	119
Dwellings lacking a water closet within the dwelling	119
Dwellings lacking adequate points for gas or electric lighting	77
Dwellings lacking adequate facilities for heating	131
Dwellings lacking satisfactory facilities for storage of food	110
Dwellings lacking proper provision for the storage of fuel (where required)	41

Stamshaw No. 2 General Improvement Area	
Dwellings lacking a bath or shower in a bathroom	155
Dwellings lacking a wash hand basin	169
Dwellings lacking a sink	3
Dwellings lacking a hot and cold water supply at a fixed bath or shower	146
Dwellings lacking a hot or cold water supply at a wash hand basin	189
Dwellings lacking a hot and cold water supply at a sink	109
Dwellings lacking a water closet within the dwelling	162
Dwellings lacking adequate points for gas or electric lighting	15
Dwellings lacking adequate facilities for heating	131
Dwellings lacking satisfactory facilities for storage of food	111
Dwellings lacking satisfactory facilities for storage of fuel (where required)	41

Individual reports for each dwelling giving the following information were submitted to the Director of Housing:

- (1) Approximate age of building
- (2) Classification as to fitness
- (3) Whether tenanted or owner/occupied
Name and address of person having control
- (4) Rent paid
Date of commencement of tenancy/occupation
- (5) No. of households
Details of occupants
- (6) Rooms available
- (7) Summary of defects.

(Section 4 Housing Act, 1957), where the dwellings are classified as "fit but with major defects or unfit but capable of being made fit at reasonable expense" OR "Unfit and incapable of being made fit at reasonable expense.

Houses considered for purchase in advance of Requirements	25.
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Housing Act 1957

Number of inspections	12,218
Number of visits	3,938
Grand Total	15,616

This grand total includes the survey carried out in conjunction with the South Hants Housing Survey.

xxxix Houses in Multiple Occupation:

Of necessity work in this field was confined to dealing with a limited number of specific cases where complaints had been made. This was due primarily to the fact that policy decisions regarding the administration of Special Grants authorised under the Housing Act 1969, and the introduction of a Registration Scheme, were not finalised, and to the increase in the rate of survey work for the proposed General Improvement Areas.

Housing Act 1961

Number of Inspections	26
Number of Visits	18

xl New Buildings:

301 private dwellings and 308 Corporation dwellings were completed in 1970 necessitating a total of 1,087 inspections and visits for the issue of 348 Occupation Certificates in respect of the 609 dwellings.

*xli Details of Clearance Areas:**Landport 37***Dickens Road No. 1**

No. of houses 64
 Dickens Road—Nos. 75, 77, 79, 81, 83, 85, 87, 89, 95, 97, 99, 101, 105, 107, 111, 113, 117, 119.
 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 102, 104, 106, 108, 110, 112, 114, 116, 118, and 120.

Elm Road—Nos. 44, 46, 50, 52, 54, 56, 58, 60, 62, and 64.

Malins Road—Nos. 129, 131, 133, 135, 137, 139, 141, 143, 145, 147, 149, 151, 153, 155, 157, and 159.

and any yards, gardens, outhouses, and appurtenances belonging thereto or usually enjoyed therewith:

No. of families	62
No. of persons	204

Dickens Road No. 2

No. of houses 15
 Dickens Road—Nos. 57, 59, 65, 67, 71, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100, 102, 104, 106, 108, 110, 112, 114, 116, 118, 120, 122, 124, 126, 128, 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 158, 160, 162, 164, 166, 168, 170.
 and any yards, gardens, outhouses, and appurtenances belonging thereto or usually enjoyed therewith:

No. of families	15
No. of persons	45

Dickens Road No. 3

No. of houses 7
 Dickens Road—Nos. 39, 41, 43, 45, 47, 49 and 48.
 and any yards, gardens, outhouses, and appurtenances belonging thereto, or usually enjoyed therewith:

No. of families	6
No. of persons	23

Dickens Road No. 4

No. of houses 2
 Dickens Road—Nos.33 and 34.
 and any yards, gardens, outhouses, and appurtenances belonging thereto or
 usually enjoyed therewith:

No. of families 2
 No. of persons 3

Dickens Road No. 5

No. of houses 15
 Dickens Road—Nos.7, 9, 11, 13, 15, 25, 27.
 12, 14, 16, 18, 20, 22, 24 and 26.

No. of families 15
 No. of persons 47

The Census of the number of persons who were occupying the Clearance Areas
 was taken on 25th January 1970.

*Landport 38***Centaur Street No. 1**

No. of Houses 78
 Centaur Street—Nos.1, 3, 5, 7, 9, 11, 13, 15, 17.
 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28 and 30.

Commercial Road—Nos.574, 576, 578, 580, 582, 584, 586, 590 and 592.

Elm Road—Nos. 5, 7, 9, 11, 17, 19, 21, 23, 25, 27, 29, 31 & 33.

Garfield Road—Nos.5, 7, 9, 11.
 2, 4, 6, 8, 10, 12, 14, 16, 18, 20 and 22.

Nessus Street—Nos.1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31 and 33
 and any yards, gardens, outhouses and appurtenances belonging thereto or
 usually enjoyed therewith:

No. of families 80
 No. of persons 219

The Census of the number of persons who were occupying the Clearance Areas
 was taken on 8th April, 1970.

*Landport 39***Gamble Road No. 1**

No. of Houses 2
 Gamble Road—Nos. 34 and 36.
 Together with any yards, gardens, outhouses and appurtenances belonging
 thereto or usually enjoyed therewith:

No. of families 2
 No. of persons 17

Hercules Street No. 1

No. of Houses 106
 Elm Road—Nos.37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 59, 61, 63, 65, 67, 69, 71
 and 73.

Garfield Road—Nos. 24, 26, 28, 32, 34, 36, 38, 40, 40A, 42, 44, 46, 48 and 50.

Hercules Street—Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49.

2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46 and 48.

Nessus Street—Nos. 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48 and 50.

Together with any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith:

No. of families 108

No. of persons 335

The Census of the number of persons who were occupying the Clearance Areas was taken on 27th May 1970.

Landport 40

Bedford Street No. 1

No. of Houses 77

Bedford Street—Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 23, 25, 27, 33, 35, 37, 39, 41, 43, 45, 47, 53, 55, 57, 59, 61.

2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 26, 28, 32, 34, 36, 38, 40, 42, 46, 48, 50, 52 & 54.

Dumbarton Street—Nos. 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56 and 58.

Elm Road—No. 75.

and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith:

No. of families 73

No. of persons 169

Malthouse Road No. 1

No. of Houses 16

Gamble Road—Nos. 21, 23, 25, 27, 29, 31, 33 and 35.

Malthouse Road—Nos. 3, 5.

24, 26, 28, 30, 32 and 34.

and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith:

No. of families 13

No. of persons 43

Malthouse Road No. 2

No. of Houses 4

Malthouse Road—Nos. 9, 36, 38 and 40.

and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith:

No. of families 4

No. of persons 10

Malthouse Road No. 3

No. of Houses 13

Malthouse Road—Nos. 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66 and 68.

and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith:

No. of families	14
No. of persons	37

The Census of the numbers of persons who were occupying the Clearance Areas was taken on 2nd September 1970.

Landport No. 41

Stirling Street No. 1

No. of Houses	64
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Dumbarton Street—Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51 and 53.

Elm Road—Nos. 79, 81, 85, and 87.

Stirling Street—Nos. 1A, 1, 3, 5, 39, 41, 43, 45.

4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50 and 52.

and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith:

No. of families	57
No. of persons	138

The Census of the numbers of persons who were occupying the Clearance Areas was taken on 25th November 1970.

PORTSMOUTH PORT HEALTH AUTHORITY

by
Mr. W. Meredith

To the Chairman and Members of the Port Health Authority.

Ladies and Gentlemen,

I have the honour to present my Report on the work of the Port Health Authority of Portsmouth during the year 1970.

xlii Section I - Staff:

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other Appointments held
P. G. ROADS	Port Medical Officer of Health	1.9.59	M.D., D.P.H.	Medical Officer of Health and Principal School Medical Officer of Health.
W. MEREDITH	Chief Port Health Inspector	1.5.67	M.R.S.H., M.A.P.H.I.	Chief Public Health Inspector, City of Portsmouth.

Address and Telephone number of Medical Officer of Health:

Official: Lombard House, Lombard Street Portsmouth.

Portsmouth 24541, ext. 313.

Private: 8 Burbidge Grove, Southsea, Portsmouth.

Portsmouth 33325.

xliv Section II - Amount of Shipping Entering the District during the Year

TABLE B

Ships from	Number	Tonnage (net)	Number Inspected		Number of ships reported as having or having had during voyage infectious disease on board
			By M.O.H.	By P.H.I.	
Foreign Ports	335	111,526	3	217	1 (diagnosed as tonsillitis)
Coastwise*	4,910	1,321,276	-	177	-
TOTAL	5,245	1,432,802	3	394	1

*Includes traffic between Southampton, Isle of Wight and Portsmouth.

xlvi Section III - Character of Shipping and Trade during the Year:

TABLE C

Passenger Traffic	Number of passengers INWARDS	Negligible
	Number of passengers OUTWARDS	Negligible
Cargo Traffic	Principal IMPORTS	Oranges and other citrus fruits, potatoes, tomatoes, cauliflowers, onions, timber, hardboard, fertiliser, raw plastics
	Principal EXPORTS	Barley, scrap iron, machinery, general cargo
PRINCIPAL PORTS from which ships arrive	Channel Islands, Casablanca, Agadir, Annaba, Pasajes, Canary Islands, Roscoff, Rotterdam, Bremen, various ports in Sweden, Finland and Brazil, Szezecia.	

xlvi Section IV - Inland Barge Traffic:

None.

xlvi Section V - Water Supply:

1. The water used in the Docks is supplied by the Portsmouth Water Company. Vessels in dock are supplied from hydrants at the quays.
2. Samples are taken periodically by the Public Health Inspector and forwarded to the City Analyst and the subsequent reports submitted to the Medical Officer of Health.
3. Water tanks on ships under survey are inspected after having been flushed out, cleansed, and cement-washed.
4. There are Admiralty water boats controlled by the Admiralty.

xlvi Section VI - Public Health (Ships) Regulations 1966-1968:

1. List of infected areas.
The weekly epidemiological record issued by the World Health Organisation is supplied to the Port Medical Officer of Health, the Chief Port Health Inspector and the Chief Preventive Officer, H.M. Customs and Excise.
2. Radio Messages.
The telegraphic address 'Portelth' suggested by the Ministry of Health has been adopted by the Port Health Authority for radio communication between them and shipping entering the district. The master of a ship equipped with a radio transmitting apparatus must, if there are any circumstances on board

requiring the attention of the Medical Officer, send a wireless message to 'Portelth', Portsmouth, stating the name of his vessel and the time on the 24-hour clock she is expected to arrive. This message must be sent off not more than 12 hours (and not less than 4 hours) before the arrival of this ship.

3. Notification otherwise than by Radio.

The Master of a ship not fitted with a radio transmitting apparatus must notify the Port Health Authority, whenever practicable, before arrival and otherwise immediately on arrival, of any circumstances requiring the attention of the Medical Officer. International flag signals may be used for this purpose. These messages would normally be received by an officer of H.M. Customs and transmitted to the Medical Officer of Health.

4. Mooring Stations.

The following mooring stations have been established, with the concurrence of the Queen's Harbour Master and the Commissioners of Customs and Excise; these are subject to variation by the Commander-in-Chief should the necessity arise.

(a) Outer Mooring Station:

An area about half-a-mile north-west of Mother Bank Spit.

(b) Inner Mooring Station:

The upper reaches of Portsmouth Harbour.

This agreement is subject to the following understandings;

(1) That the mooring place referred to at (a) above is for ships with cholera, plague, yellow fever, typhus fever or smallpox on board; and that at (b) for all other unhealthy ships not within a standing exemption.

(2) That a standing exemption from detention has been granted by the Medical Officer of the Port Health Authority in respect of any ship which:

(i) has called at a port or seaboard included in the weekly return of infected or suspected ports or seabords, but reports 'all well' during the voyage, or arrives with no sickness on board unless a written notice to the contrary has been delivered to the Customs Officer by or on behalf of the Medical Officer of the Port Health Authority;

(ii) has on board a case of minor infectious disorder.

5. Arrangements for:-

(a) Hospital accommodation. Cases of infectious diseases are removed to East Wing, St. Mary's General Hospital by means of the Municipal Ambulance Service.

(b) Surveillance. Contacts of infectious disease cases:

(i) Living in the City. If not removed to hospital they are kept under observation by the public health inspectors.

(ii) Proceeding to an address outside the City. The Medical Officer of Health of the place of destination is advised.

- (c) Cleansing and Disinfection. Personnel and clothing are disinfested at East Wing, St. Mary's General Hospital. Provision can be made for the temporary accommodation of persons who may have to be detained pending examination. Disinfecting of ships is carried out by the staff of the health department.

xlvi Section VII - Smallpox:

- (1) Cases of smallpox are at present removed to the smallpox hospital at Weyhill Hospital, near Andover.
- (2) Cases conveyed by the Portsmouth Municipal Ambulance Service, the vaccinal state of the ambulance crews being ascertained annually.
- (3) The smallpox consultants are Dr. W.B. O'Driscoll and Dr. I.M. MacLachlan. The former can be contacted at East Wing, St. Mary's General Hospital, Portsmouth (Tel. 22331).
- (4) Facilities for laboratory diagnosis of smallpox exist, by arrangement with the Portsmouth and Isle of Wight Area Pathological Service, at the Central Laboratory, East Wing, St. Mary's General Hospital, Portsmouth.

xlix Section VIII - Venereal Disease:

Confidential treatment can be obtained free at the Special Clinic, at St. Mary's General Hospital, West Wing, Milton Road (no appointment needed). Cards giving the above information regarding Outpatient treatment are supplied by the Medical Officer of Health to the Harbour Master for distribution to shipping entering the Port.

L Section IX - Cases of Notifiable and Other Infectious Diseases on Ships:

TABLE D

Category	Disease	Number of cases during the year.		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports.	None	-	-	-
Cases which have occurred on ships from foreign ports, but have been disposed of before arrival	None	-	-	-
Cases landed from other ships	None	-	-	-

Li Section X - Observations on the Occurrence of Malaria in Ships:

No Malaria occurred in ships during the year.

Lii Section XI - Measures taken against Ships infected with or suspected for Plague:

No Plague or suspected plague occurred in ships during the year.

Liii Section XII - Measures against Rodents in Ships from Foreign Ports:

1. Every effort is made to examine all vessels arriving from abroad. Periodic examinations are made of vessels engaged in coastal traffic only.
2. Bacteriological or pathological examination of rodents can be carried out at the Central Laboratory, East Wing, St. Mary's General Hospital; none was examined during the year.
3. Minor infestations are treated by the staff of the Portsmouth Local Authority. The methods used are baiting and poisoning using Warfarin or, in special cases, Fluorocetamide. Major infestations are dealt with by the Marine Division of Messrs. Rentokil Ltd.
4. When necessary rat guards are placed on ropes between ships and quays.

TABLE E

Rodents destroyed during the year in ships from foreign ports:

Category	Number
Black Rats	None
Brown Rats	None
Species not known	None
Sent for examination	None
Infected with plague	None

As from 1st January, 1970, the Authority was approved by the Minister in accordance with paragraphs 1 and 2 of Article 17 of the International Sanitary Regulations for the issue of Deratting Exemption Certificates and Deratting Certificates and thus became an "approved port" and "designated approved port", within the meaning of the Public Health (Ships) Regulations, 1966.

Deratting Certificates and Deratting Exemption Certificates issued during the Year for Ships from Foreign Ports:

No. of Deratting Certificates issued					Number of Deratting Exemption Certificates issued	Total Certificates issued
After fumigation with: HCN	Other fumigant	After trapping	After poisoning	Total		
None	None	None	None	None	30	30

Liv Section XIII - Inspection of ships for nuisances:

TABLE G
Inspections and Notices

Nature and number of inspections	Notices served		Result of serving Notices
	Statutory Notices	Other Notices	
Primary	374	-	7
Re-inspections	20	-	-
Total	394	-	7

Lv Section XIV - Public Health (Shellfish) Regulations, 1934 and 1948:

There are no shellfish layings within the area of the Port Health Authority.

Lvi Section XV - Medical Inspection of Aliens (applicable only to ports approved for the Landing of Aliens).

Not applicable.

Lvii Section XVI - Arrangements for the burial on shore of persons who have died on board ship from infectious disease:

The facilities available to the City of Portsmouth are equally available to the Port Health Authority.

Lviii Section XVII - Miscellaneous:

Imported Food Regulations, 1968.

The character of food imports into the Port has continued virtually unchanged. The food concerned is almost wholly fruit and vegetable produce which almost invariable arrives in prime condition. One consignment of containers has been received and these were examined on the quayside. 30 samples of food were taken and submitted to the City Analyst. All were found to be in a sound and wholesome condition. It should be noted that the number of samples submitted is well below the standard required. It is emphasised that it is intended to step up the sampling at the Port. Such intention of course being governed by the availability of inspectoral time to carry out this increase of work.

Royal Fleet Auxiliaries.

Following discussions with the Naval Health Authorities, the inspection of Royal Fleet Auxiliaries was regularised when the Port Health Authority took over, in October, the responsibility for the routine inspection and examination of vessels arriving in the Port, including the issue of Deratting and Deratting Exemption Certificates.

H.M. CUSTOMS AND EXCISE**by****Mr. T. G. Williams**

The following report briefly sets out the responsibilities of H.M. Customs and Excise Service with regard to aiding and maintaining satisfactory precautions in relation to health within the port of Portsmouth.

Waterguard Officers of H.M. Customs & Excise board every vessel arriving from a foreign port, and in the course of their duties also act on behalf of the Port Medical Officer by ascertaining the health position of the ship and those on board her. Thereafter, as circumstances dictate, they either give health clearance or detain the vessel for the attention of the Port Medical Officer. In this connection, in 1970, 1154 vessels arrived from foreign with cargo and 102 vessels arrived in ballast.

In addition, 680 yachts arrived from foreign. These figures are inclusive of Channel Island traffic, which for Customs purposes is foreign trade.

REPORT ON CLEANSING

by

Mr. J. G. Cotton

The weekly service of refuse collection has been maintained during 1970. Sixteen vehicles with a crew of four collect domestic refuse and eight bulk container vehicles with a crew of one collect mainly from industrial premises. The increased publicity given to the collection free of charge of bulky items of household refuse has resulted in the full employment of an additional vehicle. All refuse collection staff participate in the incentive bonus scheme, and on the basis of a 'daily task and home' all refuse is collected by 4.00 p.m. daily. The daily tonnage of refuse collected by Corporation Vehicles averaged 300 tons all of which is disposed of by Controlled Tipping at Paulsgrove.

In addition to the 300 tons of refuse collected a further approximate amount of 100 tons of trade refuse is delivered to the tip daily by contractors where it is dealt with by a staff of seven. Three bulldozers level and cover the refuse and since the new tip at Paulsgrove was opened in August 1970, approximately 15 acres have been reclaimed. Regular visits by the Pest Control Unit of the Health Department and treatment with tip dressing by the staff have contained any nuisance from vermin and flies and no serious complaints have been received. Adequate quantities of suitable covering material is delivered daily to enable the tip to be properly covered down and provision has been made for soil to be purchased for this purpose should supplies fall off.

A staff of 52 manual sweepers and 3 mechanical sweepers carry out the work of street cleansing. They now participate in an incentive bonus scheme and work allocated ensures that every side road is swept at least once weekly and the main roads and shopping areas daily. Three electric sweepers' trucks are now in use and with a crew of two plus driver operate on the 'gang' sweeping principle, two men sweeping the channels ahead of the vehicle with the driver picking up the accumulations of sweepings. Beach Cleansing and the weeding of streets during the summer period has been carried out by temporary labour chiefly recruited from students.

Criticism of the general tidiness of the city has been received and every effort is being made to provide in next year's estimates additional funds to enable the service to be augmented. The many open spaces in the City continue to attract the irresponsible 'dumper'.

The number of abandoned vehicles has also increased and it is anticipated that during the current year with number dealt with at the Car Compound will approximate 3,500.

The emptying of cesspools and gullies is carried out regularly by two machines and four men.

VITAL STATISTICS

	1970	1969
Estimated Mid-year population	211,790	214,800
Population 1961 Census	215,077	
Area in acres (land and water)	9,245	9,245
Number of dwellings (as at 31st December)	64,498	64,367

Part VII

TABLES OF STATISTICS

VITAL STATISTICS - PORTSMOUTH C.B. 1970

	Male	Female	Total	1969 Totals
LIVE BIRTHS				
Legitimate	1297	1279	2576	2620
Illegitimate	222	196	418	441
Total	1519	1475	2994	3061
STILL BIRTHS				
Legitimate	12	21	33	31
Illegitimate	1	3	4	4
Total	13	24	37	35
TOTAL LIVE AND STILL BIRTHS	1532	1499	3031	3096
DEATHS OF INFANTS Under 1 year of age				
Legitimate	22	17	39	38
Illegitimate	4	3	7	9
	26	20	46	47
Under 4 weeks of age (neo-natal)				
Legitimate	19	13	32	23
Illegitimate	3	2	5	8
	22	15	37	31
Under 1 week of age (Early Neo-Natal)				
Legitimate	18	10	28	18
Illegitimate	3	2	5	8
	21	12	33	26
Still Births + Deaths Under 1 week (Perinatal)				
Legitimate	30	31	61	49
Illegitimate	4	5	9	12
	34	36	70	61
MATERNAL DEATHS		0	0	0
DEATHS - ALL AGES	1315	1415	2730	2907
NATURAL INCREASE	204	60	264	154

REPORT OF THE MEDICAL OFFICER OF HEALTH
BIRTH AND DEATH RATES

	Portsmouth County Borough		England and Wales		Comparability Factor	
	1970	1969	1970	1969	1970	1969
Crude Birth Rate/1000 Population Adjusted Birth Rate/1000 Population	14.1 14.7	14.3 14.9	16.0	16.3	1.04	1.04
Illegitimate live births as a percentage of all live births	14	14.3	8	8.4		
Stillbirth rate/1000 total births	12	11	13	13		
Infant Mortality Rates						
Deaths under 1 year/1000 live births	15	15	18	18		
Deaths of legitimate infants under 1 year/1000 legitimate live births	15	15	17	17		
Deaths of illegitimate infants under 1 year/1000 illegitimate live births	17	20	26	25		
Neo-Natal Mortality Rate						
Deaths under 4 week/1000 total live births	12	10	12	12		
Early Neo-Natal Mortality Rate						
Deaths under 1 week/1000 total live births	11	8	11	10		
Peri-Natal Mortality Rate						
Stillbirths + deaths under 1 week/1000 total live and still births	23	20	23	23		
Maternal Mortality Rate/1000 total births	0	0	0.19	0.19		
Crude Death Rate/1000 population Adjusted Death Rate/1000 popu- lation	12.9 10.7	13.5 11.2	11.7	11.9	0.83	0.83

PORTSMOUTH BIRTH RATES, DEATH RATES, AND POPULATION - 1961-1970

Year	(Crude) Birth Rate per 1,000 Population	(Crude) Death Rate per 1,000 Population	Peri-Natal Mortality Rate per 1,000 Live and Still Births	Total Deaths of Children Under 1 Year per 1,000 Live Births	Population (R.G.'s Estimate)
1970	14.1	12.9	23.0	15.0	211,790
1969	14.3	13.5	20.0	15.0	214,800
1968	15.4	12.8	25.0	22.0	218,790
1967	15.5	12.3	27.0	17.0	219,110
1966	16.2	13.3	30.3	22.7	217,780
1965	17.3	12.9	25.5	16.0	216,280
1964	17.2	12.3	29.1	20.7	221,470
1963	18.0	14.1	31.4	25.3	224,900
1962	17.4	13.1	37.1	21.6	226,670
1961	16.2	13.2	30.9	23.0	227,930

(The most favourable figures are shown in bold type)

Average for 1961-1970	16.2	13.0	27.9	19.8
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INFANT DEATHS (Under 1 year) IN PORTSMOUTH

	CAUSE	M	F	Total
B4	Enteritis and other diarrhoeal diseases	-	1	1
B11	Meningococcal infection	-	1	1
B18	Other infective and parasite diseases	-	2	2
B46(1)	Other endocrine etc. diseases	1	-	1
B32	Pneumonia	1	2	3
B46(7)	Other diseases of respiratory system	1	2	3
B42	Congenital anomalies	3	4	7
B43	Birth injury, difficult labour, etc	14	8	22
B44	Other causes of perinatal mortality	5	1	6
		25	21	46

PRINCIPAL CAUSES OF DEATH IN PORTSMOUTH

	Under 1	1-4	5-14	15-64	65+	TOTAL
Heart and circulatory diseases	-	-	-	178	861	1,039
Cancer	-	-	1	227	346	574
Respiratory diseases	6	-	-	56	363	425
Cerebrovascular disease	-	-	-	46	336	382
Motor Vehicle Accidents	-	1	-	8	14	23
Other Accidents	-	2	1	12	27	42
Suicides	-	-	-	12	4	16

AGE	PERCENTAGE OF TOTAL DEATHS FOR YEAR		
	1970	1965	1960
Under 1	1.6	2.2	2.1
1 - 4	0.3	0.5	0.4
5 - 24	0.9	1.5	1.1
25 - 44	2.5	2.9	2.9
45 - 64	18.3	19.4	21.8
65+	76.4	73.5	71.7

AGE	NUMBER OF DEATHS IN EACH YEAR		
	1970	1965	1960
Under 1	46	60	58
1 - 4	9	15	11
5 - 24	24	43	31
25 - 44	67	80	80
45 - 64	500	548	600
65+	2084	2040	1963
TOTAL	2730	2786	2743

CAUSES OF DEATH - PORTSMOUTH

Cause of Death		1970			1969		
		Male	Female	Total	Male	Female	Total
B4	Enteritis and other Diarrhoeal Diseases	-	1	1	1	-	1
B5	Tuberculosis of Respiratory system	4	1	5	4	2	6
B6(1)	Late effects of Respiratory T.B.	3	2	5			
B6(2)	Other Tuberculosis	1	-	1	3	1	4
B11	Meningococcal infection	1	2	3	1	1	2
B17	Syphilis and its sequelae	-	-	-	1	-	1
B18	Other infective and parasitic diseases	-	1	1	3	-	3
B19(1)	Malignant Neoplasm, Buccal Cavity etc.	8	2	10	5	7	12
B19(2)	Malignant Neoplasm, Oesophagus	12	7	19	9	8	17
B19(3)	Malignant Neoplasm, Stomach	27	18	45	27	25	52
B19(4)	Malignant Neoplasm, Intestine	34	44	78	27	41	68
B19(5)	Malignant Neoplasm, Larynx	4	1	5	7	2	9
B19(6)	Malignant Neoplasm, Lung, Bronchus	132	32	164	125	36	161
B19(7)	Malignant Neoplasm, Breast	-	57	57	-	44	44
B19(8)	Malignant Neoplasm, Uterus	-	24	24	-	18	18
B19(9)	Malignant Neoplasm, Prostate	18	-	18	24	-	24
B19(10)	Leukaemia .	12	7	19	6	6	12
B19(11)	Other Malignant Neoplasms	55	71	126	62	76	138
B20	Benign and unspecified neoplasms	5	4	9	2	1	3
B21	Diabetes mellitus	3	14	17	9	15	24
B22	Avitaminosis etc.	1	-	1	-	-	-
B46(1)	Other endocrine etc. diseases	3	2	5	7	7	14
B23	Anaemias	2	7	9	3	8	11
B46(2)	Other diseases of blood etc.	2	1	3	-	2	2
B46(3)	Mental disorders	2	3	5	-	1	1
B46(4)	Multiple Sclerosis	1	1	2	-	-	-
B24	Meningitis	-	-	-	1	1	2
B46(5)	Other diseases of nervous system etc.	9	18	27	14	23	37

Cause of Death		1970			1969		
		Male	Female	Total	Male	Female	Total
B26	Chronic Rheumatic Heart Disease	8	20	28	8	20	28
B27	Hypertensive Disease	38	39	77	31	49	80
B28	Ischaemic Heart Disease	359	287	646	368	313	681
B29	Other forms of Heart Disease	44	108	152	67	115	182
B30	Cerebrovascular Disease	142	240	382	157	215	372
B46(6)	Other Diseases of Circulatory System	56	80	136	64	57	121
B31	Influenza	19	12	31	13	17	30
B32	Pneumonia	92	136	228	123	151	274
B33(1)	Bronchitis and emphysema	88	41	129	115	32	147
B33(2)	Asthma	3	3	6	5	2	7
B46(7)	Other Diseases of Respiratory System	16	15	31	23	15	38
B34	Peptic Ulcer	11	9	20	13	5	18
B36	Internal Obstruction and Hernia	3	4	7	1	8	9
B37	Cirrhosis of Liver	3	1	4	2	2	4
B46(8)	Other Diseases of Digestive System	4	12	16	14	18	32
B38	Nephritis and Nephrosis	1	6	7	5	5	10
B39	Hyperplasia of Prostate	4	-	4	6	-	6
B46(9)	Other Diseases, Genito-Urinary System	7	11	18	12	16	28
B46(10)	Diseases of skin, subcutaneous tissue	1	-	1	1	2	3
B46(11)	Diseases of musculo-skeletal system	-	7	7	7	9	16
B42	Congenital Anomalies	6	9	15	9	6	15
B43	Birth injury, difficult labour etc.	14	8	22	7	6	13
B44	Other causes of Peri-Natal Mortality	5	1	6	4	3	7
B45	Symptoms and ill-defined conditions	4	4	8	1	5	6
B47	Motor Vehicle Accidents	13	10	23	20	12	32
B48	All other Accidents	16	26	42	22	29	51
B49	Suicide and Self-Inflicted Injuries	11	5	16	15	7	22
B50	All other external causes	8	1	9	4	5	9
Total All Causes		1315	1415	2730	1458	1449	2907

ILLEGITIMATE LIVE BIRTHS - PORTSMOUTH

The distribution of illegitimate births by age of mothers in Portsmouth was as follows :-

AGE	NO. OF BIRTHS
14	3
15	11
16 - 19	134
20 - 24	130
25 - 29	77
30 - 34	34
35 - 39	19
40+	10
	418

METEOROLOGY AND CLIMATOLOGICAL REPORT

BAROMETER. The mean barometric pressure (corrected to sea level) for the year was 29.826 inches (29.918). The highest reading was 30.664 inches (30.599) on the 9th December and the lowest 28.810 inches (28.793) on the 18th November.

TEMPERATURES. The mean temperature in the shade was 51.8°F (11°C).

Maximum. The mean maximum temperature in the shade was 57.1°F (57.0), the highest being 81°F on the 10th June.

Minimum. The mean minimum temperature was 46.5°F (46.6), the lowest being 21°F on the 7th January.

* Minimum on grass. The mean minimum temperature on the grass was 42.0°F (42.0°) the lowest being 17°F on the 10th March,

Earth Temperature. The mean temperature in the shade one foot below the ground was 53.0°F (53.0°) and at four feet 53.1°F (53.0).

Frosts. The minimum temperature in the shade, four feet above the ground fell to and below freezing point on 35 days (23) and there were 67 (74) ground frosts during the year.

Sunshine. 1,780 hours 48 minutes (1,704 hours 18 minutes) of sunshine were recorded by the Campbell-Stokes recorder. The greatest amount on one day was 14 hours 54 minutes on the 12th July (14 hours 36 minutes).

Rainfall. The total rainfall was 30.26 inches (27.06). The greatest fall in 24 hours was 1.81 inches on the 13th November 1970.

Humidity. The mean humidity in the air (saturation 100) was 82 (80).

The following phenomena were recorded :

Hail. No hail reported (Nil).	* Minimum-on-grass
Snow or sleet, on 10 occasions (11).	temperatures for January
Thunder on 4 occasions (4).	and February were estimates
Fogs on 2 occasions (3).	only. Replacement units
Gales on 2 occasions (1).	from Meteorological Office
	proved to be faulty.

AVERAGES FOR THE PAST TEN YEARS
(1960 - 1969)

Rainfall	Sunshine	Mean Temperature
29.121 inches	1,699.61 hours	50.97°F

(figures in brackets refer to 1969).

MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1970

Month	Mean Barometric pressure (ins.)	Absolute		Mean		Sunshine		Rainfall		Relative Humidity Mean
		Max.	Min.	Max.	Min.	Total No. of Hours	Days of 0.5 hrs. or more	Total ins.	Days of 0.01 ins. or more	
January	29.655	50	21	45.5	38.3	38 Hrs. 48 Mins.	12	4.67	26	89
February	29.776	52	25	45.8	34.9	118 Hrs. 18 Mins.	23	2.38	20	80
March	29.888	56	28	46.5	35.5	110 Hrs. 24 Mins.	24	2.19	21	81
April	29.867	56	30	50.9	40.9	140 Hrs. 12 Mins.	24	1.64	15	81
May	29.976	71	41	63.1	49.7	253 Hrs. 48 Mins.	28	1.12	6	79
June	29.108	81	51	69.8	56.2	279 Hrs. 24 Mins.	28	0.74	5	74
July	29.956	76	49	68.0	55.8	209 Hrs. 12 Mins.	30	1.59	13	80
August	29.897	78	49	69.8	57.2	217 Hrs. 42 Mins.	28	2.31	9	82
September	29.902	77	48	66.5	55.7	174 Hrs. 54 Mins.	27	2.82	11	84
October	30.003	73	37	59.7	49.8	113 Hrs. 06 Mins.	20	0.55	9	85
November	29.711	60	34	53.5	45.8	61 Hrs. 00 Mins.	18	9.27	21	87
December	30.088	55	27	45.7	38.0	64 Hrs. 00 Mins.	16	0.98	17	84
TOTAL	357.917	785	440	684.8	557.8	1780 Hrs. 48 Mins	278	30.26	173	986
MEAN	29.826	-	-	57.1	46.5	148 Hrs. 24 Mins.	23	-	14	82

LOCAL DEATH CERTIFICATION

CAUSE		TOTAL
Enteritis and other diarrhoeal disease		1
Meningococcal infection		1
Endocrine disease		1
Pneumonia		3
Cot Deaths		4
Congenital Abnormalities		10
Prematurity	8)	25
Respiratory Distress Syndrome	13)	
Apnoea	2)	
Birth Injury	2)	
Other causes of perinatal mortality		1
		46

ATTENDANCE AT FAMILY PLANNING CLINICS

	Clive Road	Cosham	Eastney	Northern Parade	Portsea
New Patients	904 (799)	134 (118)	158 (200)	90 (111)	146 (190)
Revisits	2748 (2561)	711 (839)	661 (633)	469 (331)	499 (412)
TOTAL	3652 (3360)	845 (957)	819 (833)	559 (442)	645 (605)
Free	11% 387 (331)	9.1% 77 (95)	12% 106 (107)	11% 63 (45)	12% 78 (34)
Reasons					
Medical	130 (104)	14 (19)	35 (20)	13 (9)	11 (8)
Social	143 (121)	25 (39)	35 (78)	19 (52)	13 (18)
Planning	591 (400)	90 (25)	76 (36)	50 (11)	110 (140)
Transfers	40 (174)	5 (35)	12 (66)	8 (39)	12 (24)
TOTAL	904 (799)	134 (118)	158 (200)	90 (111)	146 (190)

CLASSIFICATION OF CASES ATTENDING FAMILY PLANNING CLINICS

New Patients	Polytechnic
Revisits	Opened in 1970
	63
	91
TOTAL	154
Free	62
Reasons	
Medical	-
Social	-
Planning	63
Transfers	-
TOTAL	63

Total New Patients 1432
Total Free 711
Total I.U.C.D. 132
Reinsertions 62

DOMICILIARY SERVICE

1970 1969
New Patients seen 63
Old Patients revisited 53
TOTAL NO. SEEN 116

Cervical Cytology - Risk Group Seen

Cases Aged 25 - 54	1969			1970		
	Total Cases Seen	Cases Aged 25 - 54	%	Total Cases Seen	Cases Aged 25 - 54	%
Northern Parade	448	378	84%	287	241	84%
Portsea	222	187	84%	157	128	81%

Cervical Cytology - Risk Group Seen

Cases Aged 35+ Parity 2+ Children		1969		1970		
CLINIC	Total Cases Seen	Cases Aged 35+	%	Total Cases Seen	Cases Aged 35+	%
Northern Parade	448	292	65%	287	188	66%
Portsea	222	140	63%	157	125	80%

ATTENDANCES AT PARENTCRAFT CLASSES

Year	No. of Births	No. of Persons	Percentage Births/Persons	Attendances	Average
1968	3411	531	15.5	2136	4.0
1969	3096	511	16.5	2236	4.3
1970	3031	601.	19.8	2127	3.5

G.P. UNIT FIGURES FOR 1970

Total Number of Applications	1622 (1095)
* Number booked (incl. 6 for Nursing only)	1511 (1074)
Not booked	111 (21)
* Bookings accounted for as follows;	
Delivered in G.P. Unit	725 (541)
Booked cases delivered in S.M.M.H.	391 (187)
+ Cancellations	395 (346)
	1511 (1074)
+ Cancellations made up as follows	
Removals	115 (99)
Delivered at home	48 (67)
Miscarriages	23 (12)
Booked to S.M.M.H.	209 (164)
Delivered out of area	- (4)
	395 (346)
Not booked made up as follows:	
Out of area	2 (6)
Moved before booking	38 (15)
For home confinement	6
Miscarried	8
For delivery in S.M.M.H.	49
Delivered before booked	6
Not pregnant	2
	111 (21)

* Figures in brackets indicate equivalents for 1969

CHIROPODY SERVICE

Total Treatments provided :	1970	1969
Clinics	8711	7932
Domiciliary Service	2683	2846
Welfare Services Department	2608	2081
TOTAL	14002	12859
Attendance with Ambulance Transport	3007	(34.5%)
Total Number of Patients Treated :		
Elderly	1963	(1796)
Handicapped	44	(35)
Expectant Mothers	-	(1)
TOTAL	2007	(1832)
New Patients Referred and Treated :		
G.P.	152	(163)
H.V.	102	(240)
H.N.	5	(10)
Other	-	(16)
	259	(429)

NIGHT NURSING SERVICE - STAFFING

Staff	Number	Hours Worked
S.R.N.	8 (8)	6596 (2737)
S.E.N.	2 (1)	590 (452)
Aux.	12 (6)	4506 (3676)
TOTAL	22 (15)	11693 (6865)

Average per case - 71 hrs. 15 mins. (40 hrs. 52 mins.)

NIGHT NURSING SERVICE - CHARGES MADE

	1970	1969
No. of cases paying full charge	37	27
No. of cases assessed charge	16	11
No. of cases free of charge	111	130
	164	168

NIGHT NURSING SERVICE - TYPES OF CASE

Cancer	38
Strokes	32
Mental Confusion	21
Heart Disease	21
Respiratory Disease	13
Awaiting Hospital Investigation	13
Falls	9
Arthritis	5
Parkinsons Disease	3
Multiple Sclerosis	3
Fracture	2
Shingles	1
Hodgkinsons Disease	1
Hernia	1
	164

HOME MOTHERS FOR THE ELDERLY - LOCATION

House	Approximate Number of Elderly in -		Total	Number of Cases need- ing daily supervision in -		Communication System
	1 Bed Acc.	2 Bed Acc.		1 Bed Acc.	2 Bed Acc.	
*Barkis	69	30	99	10	4	Intercom
Copperfield	30	7	37	10	3	Intercom
Crown Court	-	75	75	7	N/K	Intercom
*Edgbaston	69	34	103	2	2	Bell
Handsworth	87	22	109	6	2	Intercom
Ladywood	61	53	114	2	-	Intercom
*Leamington	45	24	69	5	1	Bell
Millgate	32	23	55	1	2	Intercom
*Nickleby	55	37	92	9	2	Intercom
Pickwick	54	13	67	2	2	Intercom
Sarah Robinson	51	42	93	4	6	Bell
*Solihull						Bell
*Tipton	58	16	74	7	4	Bell

* Blocks requiring strengthening.

VISITS MADE BY HEALTH VISITORS

	1970	1969
First visits to babies born 1970	2,988	3,061
Visits to children 0 - 5 years	40,316	43,768
Visits to elderly clients	15,372	15,346
Visits to school children	947	777
Visits to chronically sick, mentally and physically handicapped, etc.	3,691	4,283
Visits to Chest Clinic patients	3,365	3,285
Sessions at Child Health Clinics	2,945	2,553
Sessions in office, General Practitioners' surgeries, meeting, etc.	4,789	2,504

	1970	1969
Patients discharged from hospital for post natal nursing	1,691	1,692

	1970	1969
Number of midwives in post on December 31st	35	33

CASES BOOKED AND GIVEN PRE-NATAL CARE - MIDWIFERY

	1970	1969
General Practitioner Maternity Unit	1,438	1,095
Home Confinements	428	597
Hospital Planned early discharges	663	975
TOTAL	2,529	2,667

PATIENTS ATTENDED IN LABOUR BY MIDWIFERY SERVICE

	1970	1969
Delivered in General Practitioner Maternity Unit	729	541
Delivered at home	390	603
Transferred to hospital in labour	198	142
TOTAL	1,317	1,286

DISTRICT NURSING STATISTICS

	Cases	Visits
Under 5	71	485
Over 65	2,802	86,970
Others	1,233	29,466
	4,106	116,921

DETAILS OF DENTAL CARE PROVIDED AS A RESULT OF ATTENDING ANTE-NATAL AND WELFARE CLINICS

	Children		Mothers	
	1970	(1969)	1970	(1969)
Examinations	1046	896	241	112
Required Treatment	575	333	175	140
Treated	566	306	122	72
Number of Fillings	834	650	371	298
Number of Extracted Teeth	309	266	86	67
Number of General Anaesthetics	124	115	18	11
Number of Scaling and Gum Treatments	171	99	66	66
Number of Radiographs	8	2	25	22
Number of Dentures supplied	-	-	10	7

DENTAL SERVICE
Three-year old Survey - 1970 Results
(Figures in brackets refer to 1969)

No. sent for A	No. acknowledged but did not attend B	No. examined C	No. requiring treatment D	No. of fillings required E	No. of extractions required F	No. of missing teeth G	No. of filled teeth H
1035	105 or 10.1%	201 or 19.4%	48 or 23.9%	123 or 2.6 per patient	12 or 0.25 per patient	9	12
(1214)	(11.3%)	(20%)	(20.4%)	(2.9 per patient)	(0.18 per patient)		

DENTAL SERVICE

Survey of Alexander House and Samuel Lodge

Combined details of both Geriatric Homes of those with no teeth present

No:		Dentures:	
Age: 81 - 100	51	Ill fitting	31
Age: 71 - 100	27	Overclosed	54
Age: Under 70	11	Poor Aesthetics	16
Total number of Persons	89	Too worn	8
Full Upper Denture		Age of Dentures: Total No:	
Full Lower Denture		1 - 10 years	21
No Denture		11 - 20 years	14
Oral Hygiene:		21 - 30 years	30
Good	37	31 - 40 years	14
Average	41	41 years plus	5
Poor	11	Number of persons with roots	
Gum Condition:		Patients' Assessment of their dentures:	
Good	41	Satisfactory	77
Average	39	Unsatisfactory	12
Poor	9	Dentist's Assessment of Patients dentures:	
Denture Sore Mouth		Satisfactory	70
Absorption:		Unsatisfactory	19
Normal	24	Treatment - for ideal dental fitness	
Marked	65	Treatment - recommended	
Gheilitis or other			19

DENTAL SERVICE

Survey of Alexander House and Samuel Lodge

Combined details of both Geriatric Homes of those with teeth present

Summary of Treatment

Total number of persons	10
Extractions	10
Scaling	-
Conservation	-
No. of F/F/ dentures	10
(upper and lower)	-
Number of part dentures	-

AMBULANCE SERVICE - GENERAL STATISTICS

	Amb. Service	Train	Car Service	M.W.O.	Total	% of total
Accident & emergency	4,385	-	-	-	4,385	4.3%
Admissions	5,740	20	64	21	5,845	5.8%
Discharges	4,319	37	185	6	4,547	4.5%
Transfers	8,348	6	236	8	8,598	8.5%
Outpatients	73,946	96	274	4	74,320	73.4%
Other persons	3,595	-	-	-	3,595	3.5%
Total Patients	100,333	159	759	39	101,290	
Total miles	367,659	13,129	43,823	1,381	425,992	
Miles per patient	3.2	88.8	57.7	35.4	4.2	

AMBULANCE SERVICE - EMERGENCY CALL PATIENTS

	Injuries R.T.A.	Other	Sudden Illness	Matty	Pill over -doses	Coal gas	Burns & scalds	Drowning	Total
Jan.	51	110	119	5	16	-	2	-	303
Feb.	54	93	110	5	17	-	1	-	280
Mar.	59	101	112	13	15	2	9	1	312
Apr.	76	117	105	10	17	-	6	-	331
May	65	105	132	6	21	1	4	1	335
June	65	162	137	4	19	1	4	-	392
July	97	169	164	5	19	1	6	-	461
Aug.	74	180	155	7	27	2	7	-	452
Sept.	84	136	139	4	33	2	4	1	403
Oct.	72	133	119	4	33	1	5	-	367
Nov.	82	105	122	5	20	-	4	-	338
Dec.	102	127	144	5	25	3	5	-	411
Total	881	1,538	1,558	73	262	13	57	3	4,385
% of total	20.1%	35.0%	35.7%	1.6%	6.0%	0.2%	1.3%	0.1%	

AMBULANCE SERVICE

Emergency Call Patients - Time of Occurrence

	00 - 06	06 - 12	12 - 18	18 - 24	Total
Injured - road accidents	53	191	374	263	881
Injured - other causes	80	363	726	369	1538
Sudden illness	164	362	626	406	1558
Emergency maternity	23	21	16	13	73
Pill overdoses	35	40	100	87	262
Coalgas poisoning	2	1	9	1	13
Burns & scalds	2	16	24	15	57
Drowning	-	1	2	-	3
Totals	359	995	1877	1154	4385
% of total	8.2%	22.7%	42.8%	26.3%	

OUTPATIENTS TRANSPORTED BY AMBULANCE SERVICE

1. HOSPITALS.			
Accident & emergency	864	Laboratories	977
Orthopaedic	3,710	Maternity	55
Physical Medicine	23,547	Ministry of Health	1,382
Radiotherapy	5,546	Eye and Ear	1,477
Hospital Clinics	10,827	St. James Hospital	7,633
Chest Clinic	292	Miscellaneous	400
'X' Ray	1,055		
		TOTAL	57,765
2. LOCAL AUTHORITY			
Special Care Langstone House	3,228	Ford Lodge	1,213
Spastics	3,323	Chiropody	5,204
Schools	3,595	Miscellaneous	373
Handicapped Unit - Twyford Avenue	2,840		
		TOTAL	19,776

AMBULANCE SERVICE - NO CASES

Malicious Calls	55	Wrong Address	160
Ambulance not reqd.	2,273	Wrong date/time	709
To ill to attend	688	No reply	895
Treatment finished	201	Miscellaneous	78
		TOTAL	5,059

GROWTH OF AMBULANCE SERVICE

	1966		1967		1968		1969		1970	
	Total	%	Total	%	Total	%	Total	%	Total	%
Accident & Emergencies	3,919	3.8	3,975	3.8	3,946	3.6	4,205	3.8	4,385	4.3
Admissions	6,099	5.9	6,313	5.9	6,226	5.8	6,526	5.9	5,845	5.8
Discharges	5,157	5.0	4,895	4.9	4,990	4.6	5,540	4.9	4,547	4.5
Transfers	12,790	12.5	9,994	9.4	9,166	8.6	8,710	7.9	8,598	8.5
Outpatients	71,859	70.1	76,313	71.9	79,333	74.0	83,867	75.2	74,320	73.4
Other persons	2,717	2.7	4,698	4.4	3,599	3.4	2,574	2.3	3,595	3.5
Total	102,541		106,188		107,260		111,532		101,290	
Mileage	369,660		414,543		421,331		460,640		425,992	

Disease	Sex	Confirmed Notifications at all ages	Under 5	5-14	15-44	45-64	65 - over	Number originally notified
Acute Encephalitis (Post Infectious)	M	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	1
Food Poisoning	M	13	1	5	5	2	-	22
	F	13	2	3	6	2	-	20
	Total	<u>26</u>						

NUMBER OF PRIMARY VACCINATIONS

	1970			1969		
	Primary	Re-Vacs	Total	Primary	Re-Vacs	Total
Health Department	591	1,113	1,704	555	850	1,405
Practitioners	1,385	1,248	2,633	1,467	1,169	2,636
TOTALS	1,976	2,361	4,337	2,022	2,019	4,041

NUMBER OF CHILDREN
WHO RECEIVED COMPLETE COURSE OF TRIPLE VACCINE

	1970	1969
Under five years	2,111	1,704
Five year olds (Primary Course)	173	331
Five year olds (Boosters)	2,356	2,645
TOTAL	4,640	4,680

NUMBER OF CHILDREN PRIMARILY IMMUNISED SINCE 1961

Year	Completed Course (Triple or Diph/Tet)	School Entry 'Booster' Doses (Diph/Tet)	Year	Completed Course (Triple or Diph/Tet)	School Entry 'Booster' Doses (Diph/Tet)
1961	4,364	9,629	1966	3,594	6,849
1962	3,728	8,462	1967	3,726	7,731
1963	3,741	8,400	1968	3,145	4,481
1964	3,758	6,486	1969	2,035	2,645
1965	3,654	7,954	1970	2,284	2,356

NUMBER OF IMMUNISED CHILDREN WHO DEVELOPED WHOOPING COUGH

	AGE		
	1 Year Or Less	2 - 4	5 - 9
Immunised	1	5	12
Not Immunised	4	8	8
Total	5	13	20
% Immunised/Total	20%	38%	60%

TETANUS IMMUNISATION

TETANUS IMMUNISATION	Year of Birth of Person Vaccinated							Total
	1970	1969	1968	1967	1963— 1966	Others Under age 16	Others age 16 and over	
Primary Courses (3 doses)	158	1,551	380	22	173	10	47	2,341
Reinforcing Doses	-	121	508	51	2,348	65	14	3,107

POLIOMYELITIS VACCINATION - NUMBER OF COMPLETED PRIMARY COURSES

Vaccine Given	Year of Birth of Persons Vaccinated							Total
	1970	1969	1968	1967	1963- 1966	Others Under Age 16	Others Age 16 And Over	
	134	1,483	419	27	637	2	21	
Sabin-oral								2,723

POLIOMYELITIS VACCINATION - NUMBER OF REINFORCING DOSES

Vaccine Given	Year of Birth of Persons Vaccinated							Total
	1970	1969	1968	1967	1963- 1966	Others Under Age 16	Others Age 16 And Over	
	-	18	108	102	2,137	70	55	
Sabin-oral								2,490

STATISTICS RELATING TO B.C.G. VACCINATION

L.E.A. SCHOOLS

Year	No. of Schools Visited	Forms Sent Out	No. of Acceptances	Number Tested	Negative Reactors	Positive Reactors		
						Grade 1	Grade 2-4	Grade 3
1970	25	2,256	2,141	2,067	1,500 (82.3%)	230 (12.6%)	93 (5.1%)	323 (17.7%)
1969	24	2,224	2,135	2,068	1,591 (84.4%)	205 (10.8%)	89 (4.8%)	294 (15.6%)

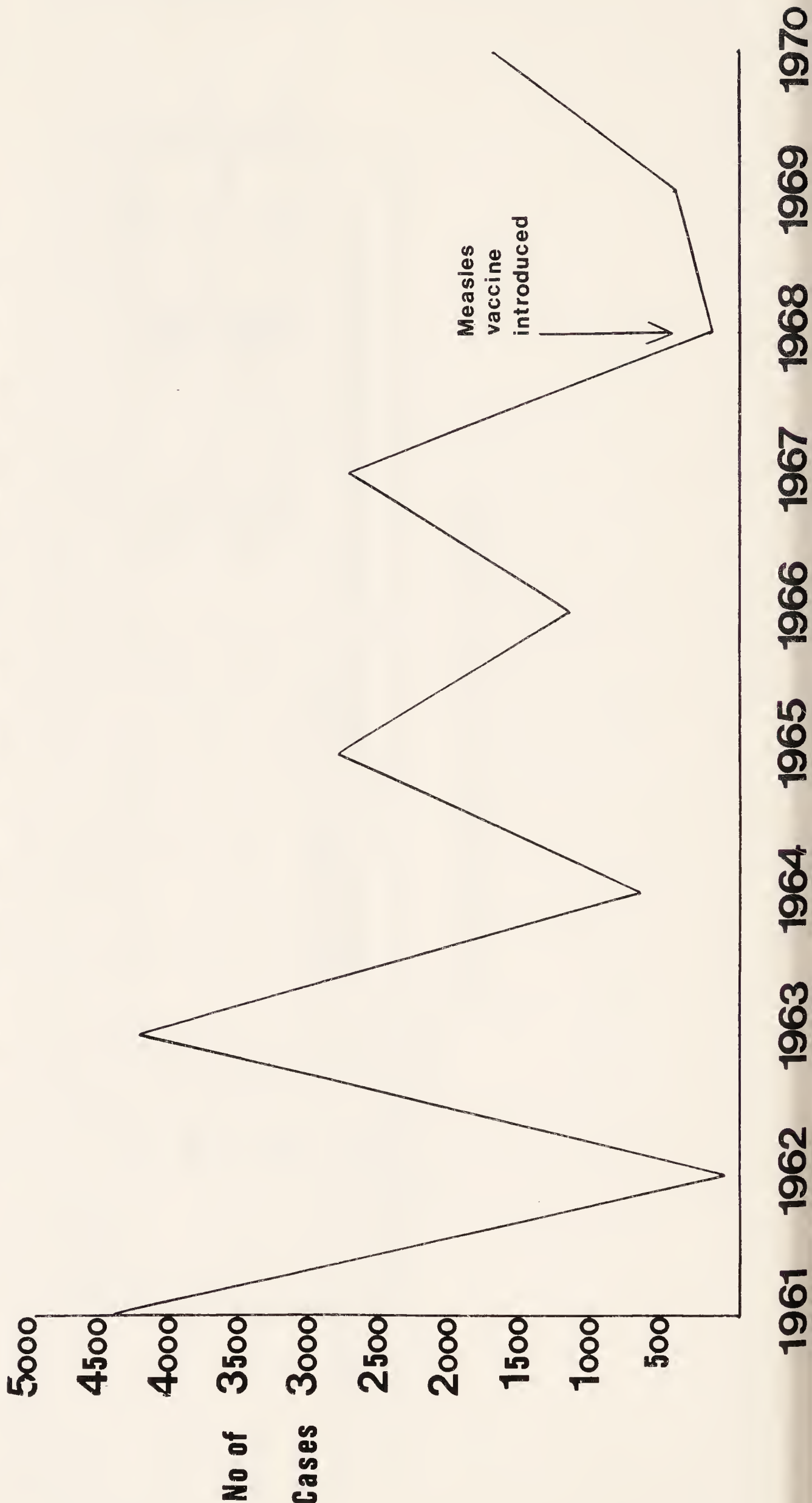
Note : In 1970 Grade 1 reactions were regarded as negative and children with that degree of reaction were vaccinated and not X-rayed.
In 1969 all positive reactors were X-rayed.

STATISTICS RELATING TO B.C.G. VACCINATION

NON-L.E.A. SCHOOLS

Year	Number of Schools Visited	Number Tested	Negative Reactors	Positive Reactors
1970	4	277	222 (84.7%)	49 (15.3%)
1969	5	345	269 (81.8%)	60 (18.2%)

TABLE 50
MEASLES NOTIFICATIONS - PORTSMOUTH



NUMBER OF MEASLES VACCINATIONS

	Year of Birth of Persons Vaccinated					Total
	1970	1969	1968	1967	1963-1966	
Vaccine Given						
Measles	15	982	743	189	263	27
						2219

REPORT OF THE MEDICAL OFFICER OF HEALTH

CASES SEEN AT THE SPECIAL TREATMENT CENTRE
WHO RESIDE IN PORTSMOUTH COUNTY BOROUGH

MALES

AGE GROUPS	TOTAL	PERCENTAGE
15 - 18	110	7.2%
19 - 24	594	38.9%
Over 25	826	53.9%
	1530	

FEMALES

15 - 18	204	24.8%
19 - 24	330	40.1%
Over 25	288	35.1%
	822	

CASES SEEN AT SPECIAL TREATMENT CENTRE
PORTSMOUTH AREA ONLY

	SYPHILIS		GONORRHOEA		OTHER CONDITIONS (TREATED)		OTHER CONDITIONS (UNTREATED).		NON GONOCOCCAL URETHRITIS
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE ONLY
14	-	-	-	2	-	2	-	3	-
15	-	-	-	4	1	5	1	2	1
16	-	-	3	4	2	17	5	-	-
17	-	-	2	2	15	37	5	3	4
18	-	-	6	7	17	46	6	3	8
19	-	-	5	6	14	36	12	-	17

MALE: Total Cases : 124
FEMALE: Total Cases : 176
TOTAL 300

SPECIAL TREATMENT CENTRE ATTENDED	NUMBER OF NEW CASES IN THE YEAR									
	SYPHILIS									
	TOTALS ALL VENEREAL CONDITIONS		PRIMARY AND SECONDARY		OTHER		GONORRHOEA		OTHER VENEREAL CONDITIONS	
	M	F	M	F	M	F	M	F	M	F
Southampton	11	1					1		10	1
Winchester	10	17	1		1		2		6	17
	21	18	1		1		3		16	18
	39		1		1		3			34

T.B. NOTIFICATIONS BY AGE GROUPS

NEW CASES *

AGE GROUP	RESPIRATORY		NON-RESPIRATORY		COMBINED		GRAND TOTAL
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
0 - 1	-- (-)	-- (-)	-- (-)	-- (-)	-- (-)	-- (-)	-- (-)
1 - 4	-- (-)	-- (-)	-- (-)	-- (-)	-- (-)	-- (-)	-- (-)
5 - 14	2 (-)	-- (1)	-- (1)	1 (-)	2 (1)	1 (1)	3 (2)
15 - 24	-- (-)	2 (3)	-- (2)	-- (-)	-- (2)	2 (3)	2 (5)
25 - 34	1 (-)	2 (1)	-- (-)	1 (1)	1 (-)	3 (2)	4 (2)
35 - 44	3 (6)	1 (3)	1 (1)	-- (-)	4 (7)	1 (3)	5 (10)
45 - 54	5 (7)	2 (-)	-- (-)	-- (-)	5 (7)	2 (-)	7 (7)
55 - 64	2 (2)	1 (2)	1 (-)	-- (-)	3 (2)	1 (2)	4 (4)
65 & over	6 (8)	-- (1)	-- (1)	1 (2)	6 (9)	1 (3)	7 (12)
TOTAL	19(23)	8(11)	2(5)	3(3)	21(28)	11(14)	32(42)

* Includes all primary notifications and new cases coming to the notice of the Medical Officer of Health by other means.

(Figures in brackets are those of 1969)

TUBERCULOSIS
PRIMARY NOTIFICATIONS

Y E A R	RESPIRATORY	NON-RESPIRATORY	TOTAL
1964	65	7	72
1965	64	4	68
1966	47	6	53
1967	36	3	39
1968	32	4	36
1969	34	8	42
1970	27	5	32

DEATHS BY AGE GROUPS

AGE GROUP	RESPIRATORY		NON-RESPIRATORY		COMBINED		GRAND TOTAL
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
0-34*	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
35-44	2 (-)	- (-)	- (-)	- (-)	2 (-)	- (-)	2 (-)
45-54	- (1)	- (-)	- (-)	- (-)	- (1)	- (-)	- (1)
55-64	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
65 & over	3 (1)	- (-)	- (-)	- (-)	3 (1)	- (-)	3 (1)
TOTAL	5 (2)	- (-)	- (-)	- (-)	5 (2)	- (-)	5 (2)

Of the 5 deaths from Respiratory Tuberculosis, all cases were notified during life.
(Figures in brackets are those of 1969)

* There were no deaths of persons under the age of 35.

DEATHS FROM TUBERCULOSIS

YEAR	RESPIRATORY	DEATH RATE PER 100,000 POPULATION	NON-RESPIRATORY	DEATH RATE PER 100,000 POPULATION
1964	6	2.7	1	0.4
1965	15	6.6	1	0.4
1966	7	3.2	-	-
1967	6	2.7	-	-
1968	10	4.4	-	-
1969	2	0.9	-	-
1970	5	2.5	-	-

NUMBER OF CASES OF TUBERCULOSIS ON REGISTER AS AT 31st DECEMBER 1970.

	1964	1965	1966	1967	1968	1969	1970
RESPIRATORY	1152	1088	1017	907	842	801	743
NON-RESPIRATORY	94	95	95	97	101	108	101
TOTAL	1246	1183	1112	1004	943	909	854

SUMMARY OF CASES OF TUBERCULOSIS ON CLINIC REGISTER 1970

	RESPIRATORY			NON-RESPIRATORY			TOTAL			GRAND TOTAL
	MEN	WM.	CH.	MEN	WM.	CH.	MEN	WM.	CH.	
A. (1) No. of definite cases of tuberculosis on Register at 1st. January 1970.	489	261	35	54	46	10	543	307	45	895
(2) Transfers from other Authorities	6	2	-	-	-	-	6	2	-	8
(3) Lost sight of cases returned during Year	2	-	-	-	-	-	2	-	-	2
B. No. of new cases diagnosed as tuberculosis during 1970.										
(1) Class A (T.B. Minus)	2	7	1	1	-	1	3	7	2	12
(2) Class B (T.B. Plus)	15	1	1	1	2	-	16	3	1	20
No. of cases included in A. and B. written off the Register during the Year as :										
(1) Recovered	25	21	3	-	-	-	25	21	3	49
(2) Dead - all causes	15	7	-	-	-	-	15	7	-	22
(3) Removed to other areas	3	3	-	2	-	-	5	3	-	8
(4) For other reasons	6	6	-	-	-	-	6	6	-	12
D. No. of definite cases of tuberculosis on Register at 31st December 1970	465	268	34	54	48	11	519	282	45	846

TUBERCULOSIS CONTACTS

	1964	1965	1966	1967	1968	1969	1970
No. of new contacts examined	525	373	368	298	212	183	215
No. of contacts proved to be definite cases	10	10	4	3	5	1	-

CHEST RADIOGRAPHY STATISTICS
TOTAL NUMBERS EXAMINED – IN AGE GROUPS – ALL UNITS
1 January–31 March

Age Group	-14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	73	.41	39	.22	1048	5.84	1264	7.04	1862	10.37	1991	11.09	2179	12.14	990	5.51	814	4.53	565	3.15	10825	60.30
Female	65	.36	28	.15	1048	5.84	887	4.94	1199	6.68	1326	7.39	1394	7.76	479	2.67	328	1.83	374	2.08	7128	39.70
TOTALS	138	.77	67	.37	2096	11.68	2151	11.98	3061	17.05	3317	18.48	3573	19.90	1469	8.18	1142	6.36	939	5.23	17953	100.00

Age Group	-14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	53	.28	74	.34	637	3.34	1031	5.40	1854	9.71	1812	9.49	1742	9.12	694	3.63	642	3.36	941	4.93	9480	49.6
Female	62	.32	65	.39	959	5.02	1263	6.62	1828	9.57	1920	10.05	1709	8.95	647	3.39	511	2.68	651	3.41	9615	50.4
TOTALS	115	.06	139	.73	1596	8.36	2294	12.02	3682	19.28	3732	19.54	3451	18.07	1341	7.02	1153	6.04	1592	8.34	9095	100.0

1 APRIL-31 DECEMBER

Age Group	-14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+			TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	F
Number examined	36	43	51	45	286	334	389	448	682	697	599	637	650	619	288	268	279	222	450	276	3710	3589	
Number of active cases	-	-	-	1	-	-	-	-	1	1	-	-	1	1	-	1	-	-	1	-	4	3	
Rate per 1,000 examined	-	-	-	22.22	-	-	-	-	1.47	1.43	-	-	1.53	1.62	-	3.73	-	-	2.22	-	1.08	.84	
Combined Rate	-	-	10.42		-		-		.73		-		1.58		1.80		-		1.38			.96	

CASES OF SIGNIFICANT TUBERCULOSIS
TABLE II — COSHAM

Age Group	-14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65%		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number examined	11	4	14	16	107	174	146	189	318	423	293	489	311	398	148	150	137	131	260	185	1745	2159
Number of active cases	1	-	-	-	-	-	-	-	1	-	-	1	-	1	-	1	-	-	-	-	2	3
Rate per 1,000 examined	90.91	-	-	-	-	-	-	-	3.14	-	-	2.05	-	2.51	-	-	-	-	-	-	1.15	1.81
Combined rate	66.66		-		-		-		1.35		1.28		1.41		3.36		-		-		1.28	

	Number examined				Numbers showing evidence of significant Pulmonary Tuberculosis					
	Code No.	Male	Female	Total	Male		Female		Combined Total	Combined Incidence per 1,000
					No.	Incidence per 1,000	No.	Incidence per 1,000		
General Public	7	1303	1269	2572	—	—	2	1.58	2	—
Industrial Groups	6	3350	3296	6646	1	.3	1	.3	2	.3
School Children-Positive Reactors	3v	95	90	185	—	—	—	—	—	—
General Practitioner Referrals	2	3577	3802	7379	8	2.24	3	.79	11	1.49
Psychiatric Hospitals	9	—	—	—	—	—	—	—	—	—
Contacts	4	34	184	218	—	—	—	—	—	—
Contacts of Positive Reactors	40	—	1	1	—	—	—	—	—	—
Out-patients - General Hospitals	0	1121	973	2094	—	—	2	2.06	2	.96
Persons in Prisons, Borstals etc.	6x	—	—	—	—	—	—	—	—	—
School Children	3	—	—	—	—	—	—	—	—	—
TOTALS		9480	9615	19095	9	.95	8	.83	17	.89

SURVEY ANALYSIS ORGANISED GROUPS — PORTSMOUTH

	Number examined				Numbers showing evidence of significant Pulmonary Tuberculosis					
	Code No.	Male	Female	Total	Male		Female		Combined Total	Combined Incidence per 1,000
					No.	Incidence per 1,000	No.	Incidence per 1,000		
General Public	7	230	208	438	—	—	—	—	—	—
Industrial Groups	6	5125	1268	6393	—	—	—	—	—	—
School Children-Positive Reactors	3v	47	52	99	—	—	—	—	—	—
General Practitioner Referrals	2	712	548	1260	—	—	—	—	—	—
Psychiatric Hospitals	9	—	—	—	—	—	—	—	—	—
Contacts	4	1	24	25	—	—	—	—	—	—
Contacts of Positive Reactors	40	26	29	55	—	—	—	—	—	—
Out-Patients — General Hospitals	0	352	292	644	—	—	—	—	—	—
Persons in Prisons, Borstals, etc.	6x	—	—	—	—	—	—	—	—	—
School Children	3	—	—	—	—	—	—	—	—	—
TOTALS		6493	2421	8914	—	—	—	—	—	—

ANALYSIS OF ABNORMAL FINDINGS

1 January – 31 March

<u>Section A.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per</u> <u>1,000</u>
<u>NEWLY DISCOVERED CASES OF</u> <u>PULMONARY TUBERCULOSIS</u>				
0. Cases of Tuberculosis referred to the Chest Clinic or Hospital and considered on investigation to require close Clinic supervision or treatment.	5	1	6	.33
(a) Not infectious				
(b) Infectious				
(c) Not examined				
(d) Domiciliary treatment . 0				
(e) Hospital treatment				
a				
ad				
ae				
bd	3	1	4	
be	1	-	1	
cd	1	-	1	
1. Cases of Tuberculosis requiring occasional out-patient supervision only	60	50	110	6.13
<u>Section B.</u> <u>NON-TUBERCULOUS CONDITIONS</u>				
2. Malignant Neoplasms				
(a) Primary carcinoma bronchus	27	5	32	1.78
(b) Others	1	1	2	
3. Non-Malignant Neoplasms	1	—	1	
4. Lymphadenopathies - excluding sarcoids	—	1	1	
5. Sarcoids - including enlarged hilar glands	2	3	5	
6. Congenital cardiac Abnormalities		—	—	
7. Acquired cardiac abnormalities	11	8	19	
8. Pneumoconiosis without P.M.F.	2	—	2	
9. Pneumonociosis with P.M.F.	—	—	—	
20. Bacterial and visrus infections of the lungs	73	41	114	
21. Bronchiectasis	3	4	7	
22. Pulmonary Fibrosis (non-tuberculous)	7	1	8	
23. Spontaneous Pneumothorax	1	2	3	
24. Abnormalities of the diaphragm and oesophagus	—	8	8	
25. Pleural effusion (non-tuberculous)	2	2	4	

ANALYSIS OF ABNORMAL FINDINGS

1 April — 31 December

<u>Section A.</u>		<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per</u>
<u>NEWLY DISCOVERED CASES OF</u>					<u>1,000</u>
<u>PULMONARY TUBERCULOSIS</u>					
0.	Cases of Tuberculosis referred to the Chest Clinic or Hospital and considered on investigation to require close Clinic supervision or treatment.	9	8	17	.89
		9	8	17	.89
	(a) Not infectious				
	(b) Infectious				
	(c) Not examined				
	(d) Domiciliary treatment				
	(e) Hospital treatment (Only)	—	—	—	
	ad	2	4	6	
	ae	1	1	2	
	bd	1	3	4	
	be	2	—	2	
	cd	3	—	3	
1.	Cases of Tuberculosis requiring occasional out-patient supervision only.	69	70	139	7.28
<u>Section B.</u>					
<u>NON-TUBERCULOSIS CONDITIONS</u>					
2.	Malignant Neoplasms				
	(a) Primary carcinoma bronchus	54	12	66	3.46
	(b) Others	9	6	15	
3.	Non-Malignant Neoplasms	1	1	2	
4.	Lymphadenopathies - excluding sarcoids	—	2	2	
5.	Sarcoids - including enlarged hilar glands	2	8	10	
6.	Congenital cardiac Abnormalities	2	2	4	
7.	Acquired cardiac abnormalities	21	10	31	
20.	Bacterial and virus infections of the lungs	50	36	86	
21.	Bronchiectasis	12	4	16	
22.	Pulmonary fibrosis (non-tuberculous)	10	5	15	
23.	Spontaneous Pneumothorax	7	1	8	
24.	Abnormalities of the diaphragm and oesophagus	2	6	8	
25.	Pleural effusion (non-tuberculous)	5	1	6	

TOTAL NUMBERS EXAMINED—IN AGE GROUPS—PORTSMOUTH

Age Group	-14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	36	.49	51	.70	286	3.92	389	5.33	682	9.34	599	8.20	650	8.91	288	3.95	279	3.82	450	6.17	3710	50.83
Female	43	.59	45	.62	334	4.57	448	6.14	697	9.55	637	8.73	619	8.48	268	3.67	222	3.04	276	3.78	3589	49.17
TOTALS	79	1.08	96	1.32	620	8.49	837	11.47	1379	18.89	1236	16.93	1269	17.39	556	7.62	501	6.86	726	9.95	7299	100.00

TOTAL NUMBERS EXAMINED—IN AGE GROUPS—COSHAM

Age Group	-14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	11	.28	14	.36	107	2.74	146	3.74	318	8.14	293	7.51	311	7.97	148	3.79	137	3.51	260	6.66	1745	44.70
Female	4	.10	16	.41	174	4.46	189	4.84	423	10.84	489	12.52	398	10.19	150	3.84	131	3.36	185	4.74	2159	55.30
TOTALS	15	.38	30	.77	281	7.02	335	8.58	741	18.98	782	20.03	709	18.16	298	7.63	268	6.87	445	11.40	3904	100.00

DETAILS OF AREAS VISITED

	Number X-rayed	PULMONARY TUBERCULOSIS				CARCINOMA (Bronchus)	
		Requiring close supervision or treatment		Requiring occa- sional supervision		No.	Rate per 1,000
		No.	Rate per 1,000	No.	No.		
PORTSMOUTH	8914	-	-	30	30	30	.67
EAST HANTS	5868	5	.85	34	34	12	2.04
WEST SUSSEX	3171	1	.31	46	46	14	4.41

Total numbers of patients attending Centre for Pediculosis

	1970	1969	1968
Cases	105	80	42
Contacts	40	8	24
TOTAL	145	88	66

PEDICULOSIS
Distribution as to age and sex of cases

	Under 5			5 - 15			Over 15			Total		
	M	F	T	M	F	T	M	F	T	M	F	T
Infested	10	5	15	35	31	66	12	12	24	57	48	105
Non-Infested	5	4	9	2	9	11	9	11	20	16	24	40
Total of first attendances	15	9	24	37	40	77	21	23	44	73	72	145
Subsequent attendances	17	7	24	61	80	141	12	29	41	90	116	206

PEDICULOSIS
Particulars of the cases treated at school clinics

CLINIC	OLD CASES		NEW CASES	
	1970	1969	1970	1969
Hillside	201	180	82	58
St. George's Square	229	256	96	41
	430	436	178	99

NUMBER OF CASES NOTIFIED

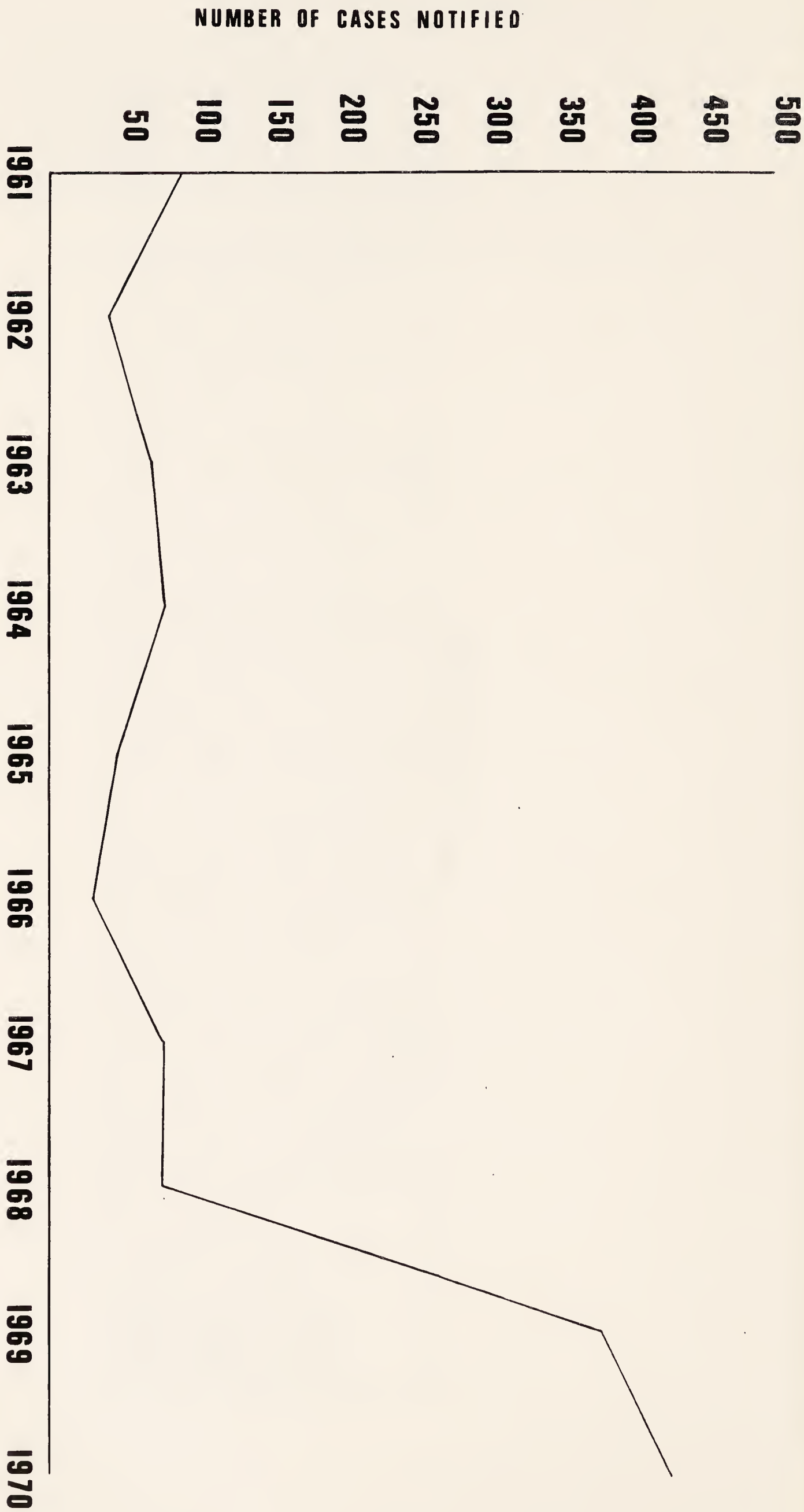


Number of Cases Of Scabies Dealt With

	1970	1969	1968
Cases	433	372	76
Contacts	148	125	71
	581	497	147

Cases of Scabies Dealt With

	Under 5			5 - 15			Over 15			Total		
	M	F	T	M	F	T	M	F	T	M	F	T
Infested	29	29	58	79	103	182	75	118	193	183	250	433
Non-Infested	8	15	23	40	29	69	24	32	56	72	76	148
Total of first atten- dances	37	44	81	119	132	251	99	150	249	255	326	581
Subsequent atten- dances	55	56	111	160	188	348	135	206	341	350	450	800



FILM USE BY HEALTH EDUCATION SERVICE

Title	Showings		Total Attendance	
	1969	1970	1969	1970
To Janet a Son	32	51	821	1413
Drugs and the Nervous System	42	55	1630	1820
Emergency Resuscitation (I & II)	20	20	421	582
Quarter Million Teenagers	71	62	2377	1995
Accident in the Home	7	13	136	503
Smoking and You	38	49	815	1675
The Smoking Machine	16	26	715	806
This is your Lung	3	4	71	66
What to Eat	17	9	504	135
Room for Hygiene	10	10	278	233
A Time for Decision	19	19	542	629
No Smoking	12	4	425	46
Family Planning	18	6	461	238
To Plan your Family	10	13	299	454
Motherhood	7	16	204	475
Clean Air	-	5	-	65
Yesterday's Tomorrow	1	4	14	139
You and Your Food	-	3	-	49
Understanding Stresses and Strains	-	10	-	108
Steps towards Maturity and Health	-	8	-	107
The other side of Love	-	19	-	821
Fixed for Death	-	33	-	1277
Dying for a Smoke	-	6	-	153
It could be you	-	2	-	13
The Story of Menstruation	-	3	-	80
Out of the Mouths	-	5	-	63
Physical Fitness and Good Health	-	1	-	35
The Social Side of Health	-	1	-	35
	323	457	9713	13015

HOME HELP SERVICE

Cases receiving help during 1970	2,476
Aged 65 or over	2,204
Chronically sick & T.B.)	179
Mentally Disordered) Under	9
Maternity) 65	30
Others)	54
Total hours for which Home Helps employed	270,459
Number of Home Helps at 31st December, 1970	225
Number of Home Helps visits by Organising Staff	1,960

Part VI

REPORT OF THE CITY ANALYST

REPORT OF THE PUBLIC ANALYST

The Department of the Public Analyst and Scientific Adviser,
Trafalgar Place,
Portsmouth,
PO1 5JJ

To the Chairman and Members of the Health Committee,

I have the honour to present my fifth Annual Report dealing with the work of the Department.

Fortunately there was only one change of staff during 1970. Mr. D. G. Woolley, after many years with the department, left us early in the year and was replaced by Mr. J. F. Salter who joined us from Industry. The Department was, therefore, able to provide a steadily expanding service.

The increasing attention paid to the school swimming pools has already resulted in some improvement and by the end of the year, as a result of a training course held for the school caretakers and increasing contact with this Department, they were at a safe level. Analysis in connection with the sewer contract continued into 1970 and now appears to be a semi-permanent feature. Although some small increase has been made in the number of samples examined from the Port, lack of staff and equipment and above all space, seems to put severe limitations on this work at present. However, rapid screening methods of analysis are being devised and a target of 100 samples has been set for 1971. This is very far short of a reasonable sample rate for the quantity of food now being imported at Portsmouth.

The most exciting feature of the year has been the detailed planning of the new Laboratory. In order that no services are lacking when the new premises are open, every function of the laboratory has been allocated its place, its proper amount of bench space and the services required. I have to thank the deputy, Mr. A. J. Harrison and Miss A. Cook for their ready co-operation, also the City Architect and his Department for maintaining a special interest in this project.

The Pesticide Residue Survey has remained in abeyance as we are still awaiting the publication of the Report of the first two years of the study. However, it now seems clear that the third year of the scheme will commence in 1972.

Talks have been given by members of the Department to Sixth Formers, a variety of ladies clubs, and Student Public Health Inspectors.

In January 1970 a member of the staff, Miss A. Cook, was featured in the Southern I.T.V. Series 'Women in a Man's World'. As a result the work of the Department received television coverage. During the year there were also two articles, one a full-page report, in the local press. Good 'Public relations' was well maintained during 1970.

The Department has been represented during the year by various officers on many official or semi-official bodies. We now have a representative on the Council of the Association of Public Analysts, The British Standards Institution Technical Committee on the Analysis of Starch and Starch-products, the corresponding Committee of the International Standards Organisation, the Metallic Impurities in Organic Matters Sub-committee (of the Analytical Methods Committee) of the Society for Analytical Chemistry. One of our officers has accepted the assistant Editorship of a publication of the Association of Public Analysts and during the year the Deputy City Analyst became the assistant Treasurer to that Association.

A notable feature has been a steady increase in fees. More private work is available than the Department could possibly accept. It would appear that an increase in staff is likely to prove a financial advantage as well as providing more flexibility. More flexibility will mean a quicker service to other Departments.

I wish to express my gratitude to the Chairman and Members of the Health Committee for their continued help and support and to thank my staff for a very satisfactory years work. I should also like to thank the Sampling Officer, Mr. E. J. Wright, for his ready co-operation.

Lack of space has prevented further instrumentation in the laboratory but consideration is being given to automation. If such automated methods of analysis seem to be economic, proposals will be submitted to you when the new laboratory premises are in use.

Of the 1,543 samples purchased for examination under the Food and Drugs Act, 63 were found to be criticisable. A summary of the total number of samples examined in 1970 is set out in Table I at the end of the Report and details of the criticised samples will be found in Table III.

I believe an important function of the Department is to be available for scientific advice to all other Departments of the Corporation, as well as a necessary safeguard in the field of food and medicines. I also believe that, whatever Local Government Reorganisation may bring, the citizens of Portsmouth will have, and will appreciate having, a Scientific Service in their midst.

I am, Mr. Chairman and Members,

Your obedient servant,

G. B. THACKRAY,

Public Analyst and Scientific Adviser.



Changes in Legislation

Regulations under the Food and Drugs Act 1955 previously reported coming into effect in 1970.

The Artificial Sweeteners in Food Regulations 1969.

The Soft Drinks Regulations 1969.

The Labelling of Food Regulations (Amended) 1969.

Regulations under the Food and Drugs Act 1955.

The Cheese Regulations 1970

which replace

The Cheese Regulations 1965
as amended 1966

A consolidatory measure, this Regulation described in the 1969 Annual Report, came into operation on 31st January 1970. The provisions were as expected, except that where a manufacturer uses the alternative to the appropriate description, the declaration of fat content must be made in a prescribed form.

The Labelling of Food
Regulations 1970

which will replace

The Labelling of Food
Regulations 1967
and
The Claims and Misleading
Descriptions Regulations

These Regulations, also anticipated in 1969, replace two sets of proposed Regulations which never came into force. The New Regulations come into force on the 1st January 1973. The use of the Trade Mark as an alternative to the name and address of the Packer will disappear and the use of 'fancy' names alone will also be prohibited. Except for Trade Names, already in existence in 1941, a product must be labelled with an appropriate designation. Designations such as acetic acid, instant tea, must be appropriately qualified, and articles described as liqueur chocolates and shandy must contain appropriate amounts of the alcoholic beverages implied by the descriptions. Claims as to energy-giving properties, proteins, vitamins, minerals, etc. will only be allowed where certain minimum quantities are present. Slimming and diabetic claims are also controlled. Any meat treated with enzymes to make it tender has to be labelled 'tenderised'.

The Colouring Matter in Food
(Amendment)
Regulations 1970

amending

The Colouring Matter in Food
Regulations 1966

These Regulations remove the red dye Ponceau MX from the permitted list. In 1964 the Report of the Food Standards Committee on colouring materials classified Ponceau MX as a dye which should be the subject of further toxicological examination. The further studies failed to show a no-effect level in rats and mice. Accordingly it is considered wise to remove this dye from the permitted list. However, the amendment Regulations will not require existing stocks of food containing Ponceaux MX to be withdrawn.

The Emulsifiers and Stabilisers
in Food (Amendment)
Regulations 1970

amending

The Emulsifiers and Stabilisers
in Food Regulations 1962

The Cream Regulations 1970

replacing

The Food Standards
(Cream) Order 1951

Brominated vegetable oils, used mostly in soft drinks to prevent separation of the solid matter in the bottle have been under scrutiny by the British Industrial Biological Research Association. In rats and pigs fed with quantities of brominated vegetable oil, significant retention of bromine occurred in the tissues and a no-effect level was not established. Accordingly, the Amendment Regulations remove brominated vegetable oils from the list of permitted emulsifiers.

Proposals for these Regulations were circulated in 1968, and with some exceptions came into force in June 1970. Minimum fat contents are laid down for clotted cream, double cream, whipped cream, sterilised cream, cream and half-cream. Unsuccessful efforts have been made to increase the proposed fat content of clotted cream which remains at 55 per cent.

A new proposal is a list of permitted additives to whipped cream, and to cream sold in aerosol containers. Cream sold to caterers or manufacturers for use in flour confectionery may contain 13 per cent. of sugar. There is an overall limit on the amount of emulsifiers which may be added to 'whipped cream'. No bacteriological standards are proposed but cream must display the mode of treatment, i.e. pasteurised, U.H.T. or Untreated as appropriate.

New Acts of Parliament

The Food and Drugs (Milk)
Act 1970

modifying

The Food and Drugs Act 1955

The addition of water to milk was prohibited absolutely by Section 32 of the Food and Drugs Act 1955. This Act removes this prohibition in order to authorise the treatment of milk by steam, provided that it is carried out in accordance with the Act, and that the fat and non-fatty milk solids concentrations are the same after treatment as before. It is now proposed to amend the Milk Regulations to allow this process to be used. It is not clear how the Public Analyst is expected to find out the composition of the milk before treatment: without this knowledge it is impossible to decide whether a sample of steam-treated milk complies with the Act or not. In this case no thought can have been given to the problems of enforcement.

The Agriculture Act 1970

part of which will replace

The new Act will replace the 1926 Act when an Order is made. One effect of the new Act is to increase the range of feeding stuffs from 'for bulls, cows, oxen, heifers,

The Fertilisers and Feeding Stuffs Act 1926

calves, sheep, goats and swine', to 'for animals commonly kept for the production of food, wool, skin, or fur or for their use in farming' and 'animals' includes 'birds, insects and fish'. Thus Regulations can be made under the new Act for mink, horses, bees and trout. Likewise the definition of a fertiliser is extended from 'a fertiliser of the soil' to mean a 'fertiliser used is for the cultivation of crops or plants of any description including trees'.

Under the new Act when the offence is due to the fault of a third party, it will be possible to prosecute that person, as is now the case under the Food and Drugs Act 1955. The defendant or the court has the right to submit one portion of the sample to the Government Chemist.

The appointment of an Agricultural Analyst and his Deputy will no longer be subject to the approval of the Minister, but the Analyst so appointed will be required to have certain minimum qualifications. The statutory mark or statement will have to be placed on the fertiliser or feeding stuff as soon as practicable and Inspectors will have the right to enter premises on which they have reason to believe fertilisers and feeding stuffs are kept.

Regulations made under the Fertilisers and Feeding Stuffs Act 1926.

The Fertilisers and Feeding Stuffs (Amendment) Regulations 1970

Some new definitions and methods of analysis for a number of prophylactics are introduced into the Regulations by means of this amendment.

amending

The Fertilisers and Feeding Stuffs Regulations 1968 (as already amended 1968)

Other Legal Instruments.

The Coroners (Fees and Allowances) (Amendment) Rules 1970

Made in February 1970 these rules are of interest in that they do not refer to Public Analysts, as the latter normally appear in Court as expert witnesses. It was hoped that the new Rules might correct the anomalous situation where an appearance in Court for some Authorities, although not Public Analyst to those Authorities, is expected without fee.

*Reports of Food Standards Committee**Report of the Food Additives and Contaminants Committee on the Leaching of substances from Packaging Materials into Food.*

This Report sets out the present legal position, which is that the use of packaging materials is governed by the general provision of the Food and Drugs Act, 1955 in that no substance may be used which could render food injurious to health. One special provision in the Preservatives in Food Regulations, 1962 limits the amount of formaldehyde from a plastic wrapper to 5 parts per million.

Migration of harmful substances is difficult to establish and the Report recommends a system of 'food-simulating' solvents, which may be used as the basis of a test. Any materials extracted should be carefully screened for possible toxicity by an independent expert body such as the British Biological Research Association.

The Committee did not accept that because packaging materials such as paper and glass had been used for thousands of years, they were necessarily safe. Finally the Committee recommended the provision of a list of permitted wrapping materials thought or known to be safe for particular foods.

Report of the Food Additives and Contaminants Committee on the Review of the Emulsifiers and Stabilisers Regulations, 1962.

The Committee recommend a revision of the Regulations, in order to define more closely the substance permitted to be used. Specifications of purity should be included for each permitted substance. The closer definition and the addition of new emulsifiers and stabilisers would result in an apparently longer permitted list, in all 54. The new substances proposed include dioctyl sulphosuccinate and microcrystalline cellulose, the former in certain foods only. No statutory limits were envisaged, as the amounts of these products used in foods is self-limiting.

Food Standards Committee Report on the pre-1955 Compositional Orders.

The Committee considered a number of pre-1955 Compositional Orders dealing with a variety of foods. The Order dealing with Baking Powder and Golden Raising Powder is not recommended to continue, owing to the small (although steady) sale of Baking Powder (the sales of Golden Raising Powder are negligible), but in view of the ever increasing length of the food chain, enforcement Authorities and the Trade both disagree with the Committee and are in favour of retaining the Standards for Baking Powder; the Committee also recommend that the Gelatine Standards be discontinued, together with the Food Standards (Mustard) Order, and the Food Standards (Curry) Order. Before the introduction of the Food Standards Order some very poor quality Gelatine and Mustard was found on the market. Considerable thought should be given before putting these recommendations into effect. The Committee also recommend the continuance of the control of Tomato Ketchup with a higher Tomato solids content, but removal of the copper limit. The latter seems particularly hazardous with the increased use of pesticide containing copper. Other metal carbamates are used on tomatoes and, in the opinion of your City Analyst, additional limits for zinc and manganese would seem desirable. The Committee recommend an increased minimum fish content in fish cakes and further consideration of possible standards for all fish products in crumbs or batter (fish fingers). The Committee also recommend that statutory control over suet should continue—with definitions for Block Suet and Shredded Suet—not contained in the present Food Standards Order.

The possibility of entry into the E.E.C. will bring considerable revision of the U.K. Food Law. Negotiations will endeavour to keep these changes to a minimum. However, it seems likely that there will be limits for pesticide residues in the future. There are two kinds of food law in the E.E.C., an over-riding Community Law which lays down permitted food additives and Regulations which lay down limits of certain additives permitted in specific foods.

Rescinding of the Food Standards Orders, as proposed by the Food Standards Committee does not mean less work for the enforcement Authorities, but rather more, in that standards of quality have to be established, by reference to earlier results in each case. It may be that Codes of Practice can be negotiated to replace the legislative standards. In this case the sooner negotiations begin with the Trade, if possible before the withdrawal of the Food Order, the easier it will be to obtain agreement.

There has been, in recent months, much pressure from well-intentioned bodies to require perishable and other foods to display a date, indicating the last date of consumption. Approximately one-third of all samples criticised in the last two years have been stored too long or under the wrong conditions. By whatever means, increased care in stock rotation at the point of retail is necessary to prevent the sale of deteriorated foods. However, there are many difficulties, some legal, some practical, in making date marking compulsory. The Food Standards Committee will doubtless be considering this thorny problem in the near future.

The Toys (Safety) Regulations 1967, although valuable proved difficult to operate in some cases. For instance it is not clear whether paint covering an undercoat is one paint film or two. Dyed wood articles, plastic articles with easily removable colours, and printed colours are not, seemingly, covered by the Regulations. It is understood that the Home Office is giving consideration to a revision of these Regulations.

The Medicines Commission has now been set up, and Public Analysts, although not represented on the Commission, have been asked to approve the selection of a Chemist to serve on the Commission. Public Analysts are, however, suitably represented on Committees of the Commission, and information on the arrangements being made by the Pharmaceutical Society for the analysis of medicine samples is being anxiously awaited.

Milk

721 samples of ordinary milk and 148 Channel Islands milk were examined during the year and all were free from added colour and preservative.

The samples were derived from the following sources:—

488 in pint bottles and cartons obtained from retailers selling to the public;

347 ex-farm milks being delivered to dairies and

34 in one-third pint bottles delivered to various schools.

Ordinary Milk

Of the 370 samples of milk contained in pint bottles and cartons, 42 were of poor quality, i.e. free from added water but deficient in solids-not-fat. There was no evidence of the abstraction of cream or addition of water in these cases. One sample of untreated milk was 3·3 per cent. deficient in milk fat probably due to inadequate mixing—the producer was informed and further samples were found to be satisfactory. A pasteurised milk bottle contained on the side of the bottle a small area of discoloured dried-up milk solids and the dairy was informed.

Sufficient prominence to the words 'ultra heat treated milk' was not given on the labels of two samples and the producers undertook to redesign the cartons. Another sample of ultra heat treated milk appeared sour and had a high acidity, due to the container having either not been completely sealed or damaged mechanically after packing.

316 samples of ex-farm milk were taken from churns and tankers immediately upon arrival at the local dairies. Of these, 25 were found to be of poor quality, being deficient in solids-not-fat. A sample from a bulk milk tanker carrying 1,823 gallons, contained 1·8 per cent. added water, equivalent to 20-30 gallons of water. However, it was not possible to trace the source of the adulteration due to the fact that tankers do not adhere to regular pick-up rounds.

Of the 34 samples of milk in one-third pint bottles supplied to schools, 4 were of poor quality being deficient in solids-not-fat.

There has been some improvement in the quality of milk. Only 11·4 per cent. of samples were deficient in solids-not-fat; this compares favourably with the results from previous years.

<i>Year</i>	<i>Percentage of milks deficient in Solids-not-Fat</i>				
1970	..	..	..	..	11·4
1969	..	..	..	..	17·8
1968	..	..	..	..	9·4
1967	..	..	..	..	24·3

The natural seasonal variations in quality follow the same pattern as before as shown in the table below.

Month	Fat per cent.	Solids-not-Fat per cent.	Total Solids per cent.	Number of Samples Examined
January	3.71	8.54	12.25	29
February	3.68	8.52	12.20	32
March	3.67	8.50	12.17	37
April	3.63	8.53	12.16	33
May	3.46	8.73	12.19	30
June	3.48	8.65	12.13	38
July	3.56	8.72	12.28	32
August	3.63	8.61	12.24	28
September	3.72	8.69	12.41	40
October	3.73	8.70	12.43	31
November	3.76	8.66	12.42	40
December	3.72	8.55	12.27	34
Average 1970	3.65	8.62	12.27	404
„ 1969	3.62	8.61	12.23	393
„ 1968	3.66	8.61	12.27	365

Channel Islands Milk

118 pint bottles of Channel Islands milk were examined from retailers selling to the public. All were satisfactory in that they contained 4.0 per cent. of milk fat as required by law.

The quality of Channel Islands milk sold to the public has been maintained. The average per cent. fat compared with that of ordinary milk distributed by dairies is shown below.

	Channel Islands Milk	Ordinary Milk
1969	4.53	3.62
1970	4.52	3.65

In addition, 31 samples of ex-farm Channel Islands milk delivered to dairies were examined and found to be satisfactory.

Hygienic Quality of Milk

389 samples of milk were examined by the phosphatase test to check the efficiency of pasteurisation. All samples were found to be satisfactory.

Of the 491 samples of milk examined for keeping quality by the methylene blue test, 10 failed. 6 of these samples were of pasteurised milk from a dairy outside the Portsmouth area and further samples were found to be satisfactory. However, 4 samples of untreated milk purchased from a vending machine were found to be of poor bacteriological quality. The vendor stated that the temperature of the refrigerator was inadequate and, because of low sales, the milk had been an unusual length of time in the machine. Consideration is now being given to the sale of pasteurised milk only from vending machines.

47 samples of sterilised milk were examined and found to be adequately sterilised.

Washed Milk Bottles

A bacteriological examination of washed milk bottles prior to filling was continued at the only bottle filling plant left in the Portsmouth area. In general, the efficiency of the plant was good. Some unsatisfactory results

were obtained from parts of the plant in January and February. Eventually a complete overhaul of the bottle washing machinery was undertaken and the subsequent results were satisfactory.

Ice Cream

57 samples of ice cream were examined for bacteriological quality; the samples examined reflected a satisfactory standard of hygiene.

A report was received from another Authority of bacteriologically low quality ice cream purchased in Portsmouth. Investigation revealed that the ageing (bulk) ice cream, was collected from a local depot, placed in the boot of a car, driven along the coast and subsequently refrozen. This practice was stopped immediately and experiments were carried out to see how long, and at what temperature, ice cream mixes could be safely kept. Refrigerated transport was finally arranged and no further complaints have been received.

Foods other than Milk

COMPOSITIONAL CRITICISM

Following the introduction of the legislation banning the use of cyclamates, 17 samples of sweeteners were submitted containing cyclamate. One *low calorie orange drink* and one *hot lemon tea* also contained cyclamates. All the above were removed from sale.

Examination of articles marketed for Christmas revealed a *marzipan* containing arachis (peanut) oil. Adulteration of ground almonds with peanuts was once very common but in recent years has virtually disappeared; the use of the extracted arachis oil was unexpected and there was some 'heart-searching' before the report was signed. Analysts in other parts of the country had concluded, erroneously, that peanuts were present. However, the adulteration with the oil only was admitted and the importers ceased to handle this product.

An imported *mixed spice* consisted of only two spices; consequently the flavour of the sample did not have proper characteristics of a mixed spice as normally sold in this country. A stout denial from the manufacturers in Nova Scotia was followed by some samples having at least three spices. Perhaps an error had occurred in the batch sampled. A *blackcurrant health drink* failed to justify the description, being one-third deficient of its proportion of blackcurrant juice.

Two samples of bottled mineral water were examined bacteriologically, one of which, a *natural Malvern water* (still) was found to be very unsatisfactory. Stocks were withdrawn from sale and a more rigid bacteriological control was imposed by the distributor. *Curry powder*, subsequently identified as old stock, was found to be infested with mites.

A sample of *corned beef*, taken following a consumer complaint, was seriously sulphided and the appearance of the can and contents was objectionable. Investigation showed that it was emergency stock held for a long time by the Ministry of Agriculture, Fisheries and Food and released about two years ago for sale, as 'satisfactory'. No hazard was present but there remains a difference of opinion between the customer and the Ministry as to what is satisfactory! A *Cream of Tomato soup* was below the minimum fat content. A sample of *shandy* was deficient of alcohol—which was taken to indicate a deficiency of beer. The enquiry which resulted revealed a degree of sophistication with concentrates, flavours, etc. which was quite astounding in an apparently simple material such as shandy. It appeared that the beer used was of lower proof than was allowed for in the formula. The control on this item will be increased.

LABELLING CRITICISM

In March the new labelling of Food Regulations, 1970, became law and a food label may comply with either the new Regulations or the old Labelling of Food Order 1953. While this sometimes causes difficulties it ensures that between 1970 and 1973 (when the new Regulations become mandatory) the food manufacturers will have ample time in which to alter their labels.

The Public Analyst is in a difficult position when samples do comply with the earlier Order. It would be less than fair not to point out the requirements which will be effective from 1973. The new Regulations coming into effect in 1973 contain many provisions which have long been the opinion of Public Analysts. Such criticisms, therefore, must be stated on any certificate whether or not the sample complies with the existing Labelling of Food Order. Other manufacturers have attempted to comply with the new requirements

and have not been successful. This year, therefore, has produced an unusual number of labelling criticisms.

Dried *mashed potato mixes* have produced a number of labelling problems and four samples were criticised by means of a certificate and others were the subject of correspondence. In two cases there was a lack of any descriptive name and in two other cases the labels were thought to be misleading. The sample of the year was a *pure sunflower seed oil*, displaying an advertisement in a national women's magazine claiming 'It's packed with protein.' If there is one thing in particular that sunflower seed oil, or indeed any oil, has *not* got it is protein! A number of oriental type foods—*Sharks Fin Soup*, *Octopus spiced with vegetables* and *Cuttle fish spiced with vegetables* failed to display a list of ingredients. A can of *home grown potatoes* made a spurious claim to be lower in calories than old potatoes and a *natural wheat germ* claiming to contain vitamins failed to declare them in the proper form.

Inevitably, there was also a sample of *sausages* which failed to declare the added preservative and a sample of *mixed herbs* failed to list the herbs present.

Samples with incorrect lists of ingredients included four *instant desserts*, four *jams*, a sample of *mixed herbs* and a *lemon mayonnaise*.

COMPLAINT SAMPLES

59 complaint samples were examined during the year. The following summary indicates the 'foreign bodies' found.

Bread	Machine oil, charred cereal matter, iron wire, verdigris, beetle fragments, a flour sack tag.
Sausage meat	Lumps of preservative pre-mix.
Sausages	Lacquered iron staple, rubber sealant.
Cakes	Charred cereal matter, charred coconut.
Cornflakes	Lumps of charred cornflakes.
Cauliflower	Specks of mixed dye—blue and red.
Stew and Pearl Barley	Infested with the drug store beetle.
Liquorice Allsorts	Insect excreta and webbing.
Corned beef	Rubbery sealant, blue dye.
Faggots and Gravy	Bovine hairs.
Instant low fat milk	Abraded iron.
Pappadoms	Seriously infested with drug store beetle.
Cooked potatoes	Aluminium flakes.
Cream Trifle	Charred organic matter.
Ice cream wafer	Dirty cloth or cotton waste.
Steak and kidney pie	Bovine hairs.
Semolina	Seriously infested with Indian meal moth.
Cheese	Abraded iron metal.
Batter mix	Seriously infested with the Mediterranean flour moth.
Chocolate fruit cream	Infested with cocoa moth.
Blackcurrant and apple pie	Aluminium alloy washer.
Butter	Rubber grommet.
Ointment	Infested with Tobacco moth.
Broad beans (canned)	Cigarette end.
Tart	Charred cereal matter.
Apple turnover	Fly.

A *proprietary medicine* was submitted as a possible cause of halitosis. The mixture was of the stated composition and could be expected to perform the function for which it was sold—during which ammonia would be

released into the blood stream and the breath. This effect ought to have been short-lived.

Complaints of unusual odour in *bloater paste*, *garden peas*, *chocolate swiss roll* and in *wheatmeal bread* were not substantiated and a peculiar taste in a *sweet pickle* probably arose from the unusual use of saccharin. A *loaf* prepared for home-baking was found to be mouldy but laboratory tests indicated that the mould had developed after baking and, therefore, after purchase! A complaint *cream* was too old when received to comment on the taste but the sample appeared normal and was free from metallic contaminants. A complaint of possible soporific poison added to *tea* before or after infusing was not confirmed and a *plain flour* suspected as the source of a maggot was not infested. A sample of *strawberry jam* with an apparent 'daddy long-legs' was found to contain nothing more objectionable than a small portion of stem, the fibres of which had been spread out radially to look like legs. A *sherry* suspected of being watered was of the normal proof spirit and a bottle of *red cabbage*, although unpleasant in appearance, due to the corrosion of the under side of the lid, was shown not to be a hazard. Discoloured *corned beef* was produced by 'sulphiding'—the sulphur in the meat protein reacting with the metal of the can, and a discoloured *rice pudding* was probably over-heated during the canning process. Excessive shrinkage during cooking was attributed to the complaint *sausage* having marginally low meat content and marginally high fat. It might appear that the present regulations are a little generous in the fat content allowed, since most of the shrinkage complaints turn out to have a fat content just above or just below the maximum permitted. A *blackcurrant pie* suggested as the cause of diarrhoea showed nothing abnormal, and a 'foreign body' in a *chicken and mushroom pie* turned out to be a portion of mushroom gill. A sample of *Bubble Gum* was presented as a possible hazard owing to the size of the cohesive ball of impervious material which resulted from chewing the article. In fact medical opinion held that there was no such hazard.

An interesting, if unfortunate, complaint was of incorrect dispensing of an *ointment* which had caused some irritation. The sample was not the preparation the patient's doctor alleged it to be. Recovery of the prescription revealed that the ointment was in accord with the prescription and the pharmacist was exonerated from any blame. Another interesting development was a complaint that a label did not comply with the legal requirement—perhaps an indication of the increasing appreciation of the public of the protection given by labelling legislation. In the case of this pre-packed *wheat germ*, however, an ordinary sample had been already purchased by the Sampling Officer and the manufacturer had agreed to alter the label.

MEDICINES

In a sample of *travel sickness tablets* the active constituent was grossly in excess of the stated dose. The records of the manufacturers indicated that the samples taken in the factory of this particular batch were not seriously in excess of the stated dose. No further action was taken on this sample but further samples of the tablets will be taken. Three samples of *aspirin tablets* were criticised, one for failing to comply with the present British Pharmacopoeia standards—which revealed its age—and two for containing excess salicylic acid.

A sample of *prednisone tablets* was just outside the limits for prednisone content laid down by the British Pharmacopoeia. Investigation showed that these tablets were supplied to the pharmacist by a large retail house. Since the pharmacist had received a number of deliveries it was impossible to obtain a batch number and without the batch number the wholesaler could not

identify the manufacturer. If the discrepancy had been serious no legal action could have been taken. In order to avoid this situation batch numbers will, in future, be recorded by the sampling officer.

A further sample of *prednisone tablets* demonstrated another enforcement difficulty. The sample did not comply with the British Pharmacopoeia requirements as to uniformity. On investigation it was found that the pharmacist had drawn the sample from tablets supplied by more than one manufacturer. Each supply separately could have been up to the standard uniformity. Precautions will be taken against another such occurrence.

These two examples illustrate the increasing difficulties of enforcement. In both food and drugs supplies many now pass through five or six, or more, businesses before reaching the consumer. There is the retailer, wholesaler, a factor, a packer (who merely affixes the label), a manufacturer and sometimes the 'manufacturer' is only processing further goods which have been prepared elsewhere—so that another factor and manufacturer may be involved. Sometimes an importer lies at the end of the chain. The imported goods may be from one of many packers abroad. All too often the factor never sees the goods at all, and the wholesaler and sometimes the manufacturer buys entirely on warranty and any inspection is of a cursory nature. The distribution time often extends into years. When a criticism is made the Public Analyst may receive a reply from the legal representative of any one of the chain. Finally, if an importer has a warranty issued outside the U.K. further action may depend on voluntary co-operation from the country of origin.

OTHER FOOD AND DRUG AUTHORITIES

Acting in the capacity of Public Analyst the following samples were examined for other Authorities.

		<i>Isle of Wight</i>	<i>Gosport</i>	<i>Fareham</i>	<i>Havant</i>
Foods and Medicines	..	145	153	158	330
Number criticised	..	21	5	29	30
Percentage criticised	..	14.5	3.3	18.4	9.1

HAVANT

Labelling criticisms were also frequent in the samples submitted by Havant Urban District Council and included two samples of *mashed potato* which were not described as 'dried' or 'instant', a *dessert*, a *ready meal*, and two *fruit cocktails* with an incorrect list of ingredients, two preserved *sausages* failed to display the statutory notice and a *dried low-fat milk* had a statutory statement which did not comply with the requirements of the appropriate regulations. *Yoghourt* is a food which has been the subject of eager 'sales promotion' and a sample submitted had a misleading label in that the words 'Low Fat' were almost unnoticeable.

Compositional criticism included a *blackcurrant drink* very deficient in blackcurrant juice, *buttered cheese rolls* spread with a margarine and butter mixture and a *pure honey* suspected of being either not pure, or subject to long storage. Subsequent samples indicated that the long storage was the most likely explanation of the analytical data obtained.

In 1969 samples of *mince* containing sulphur dioxide were reported. Investigation over a period of months failed to confirm the allegation of the butcher that this preservative was not used on his premises and a further

sample containing sulphur dioxide was followed by a formal sample and a prosecution.

In 1970 there was a significant increase in the number of complaint samples submitted from this Authority. A sample of *Brown Wholemeal Loaf* was contaminated with a discoloured vegetable oil, a sample of *prawn balls* were made from prawns insufficiently cleaned and were found to contain an ant. A *loaf* contained iron-stained dough, a *white loaf* contained brown or wholemeal dough and a slice from a further *loaf* contained part of a broken blade from the bread cutter. A one-third pint milk bottle contained a mixture of sand, silt, vegetable debris and a growth of algae.

Pasturised milk contained rust particles and a *beef chipolata sausage* and a slice of *white bread* both contained oil from machinery.

A *drinking glass* was submitted containing a portion of a leaf and fruit fly larvae which was alleged to have been in a bottle of milk. As previously noted food complaints are beginning to arrive which are complaints of composition, not just of foreign bodies. These consisted of a *buttered meat roll*, submitted by someone who could tell margarine from butter—the analysis showed 70 per cent. of margarine. A *Vanilla Delight Cake Mix* was alleged to have a peculiar taste and analysis showed that the fat was rancid.

FAREHAM

Unsatisfactory labels included an *apricot yoghurt*, *mineral salts* and a *ginger beer*, which failed to declare saccharin, also a sample of *Herring Fillets in Shrimp Sauce*, the label of which made an extravagant claim regarding the keeping quality which could have encouraged the consumer to keep the contents of the can for some time after opening.

Chambourcy Lai Gelifie Aromatise Vanille-caramel is a lengthy description which leaves the monolingual Englishman no wiser as to the contents. Additionally this sample displayed no list of ingredients and any bilingual individuals who might have exercised their abilities on this label could have concluded that it was a milk product—whereas it was a low-fat or partially skimmed milk product. Likewise a sample labelled '*Party trio*' was equally uninformative, and the logic of the description was only apparent in hindsight, when the contents were found to be gherkins, onion and olives.

Compositional criticisms included a sample of *boned chicken in jelly* deficient in meat, and a sample of *ginger beer* containing the prohibited sweetener sodium cyclamate.

A complaint sample of *expectorant* proved eventually to be normal the composition of this new proprietary medicine was not easily available. A sample of *South African Sherry* contained an excessive amount of invert sugar which explained the complaint of undue sweetness. Foreign bodies found included oil or grease in a *loaf*, polymerised oil and salt in *potato crisps*, a hairpin in a *loaf*. Three *cakes* were mouldy, and in one case the bakers suspicion that the anti-mould agent, sorbic acid had been omitted proved to be correct. A *Beef sausage* contained a piece of cardboard and a can of *beer* was grossly contaminated with solvents used in the lacquering process. A *Cornish pasty* contained animal hairs which were probably from the bullock carcass and a *loaf* contained sacking probably from the flour sack.

GOSPORT

Minced Beef in Gravy, now a 'hardy annual' was deficient in meat content—a 'follow up' sample confirmed that the original sample was not an isolated can and that the deficiency was due to an incorrect recipe. A sample of

pork sausages were also deficient in meat content. A sample of *Chicken Pie* which consisted of three pies, proved to be deficient in meat content, and the packages failed to give the name and address of the packer. Extensive negotiations followed. Before agreement could be reached on a satisfactory recipe the correspondence came to an abrupt end when the factory closed down.

A *Channel Islands untreated milk* was very fat-deficient. 'Follow-up' samples were normal, suggesting that the milk had not been properly plunged before bottling.

ISLE OF WIGHT

A sample of *Pork Sausages* contained undeclared preservative, was deficient of its proper meat content and was also marginally deficient in the amount of lean meat—the Regulations require at least half of the meat content to be lean. A sample consisting of three *steak pies* was also deficient in meat content, the three pies being respectively 20, 20 and 25 per cent. lower than the requirements.

Four *jams*, two *marmalades* and a *lemon curd* were all deficient in soluble solids, a fault which is likely to produce a short shelf-life. A sample described as a *fresh fruit blend* was considered to have an inadequate description and was also deficient of its proper amount of soluble solids. A sample of *cream of tomato soup* had insufficient fat to justify the use of the word *cream* and three samples of *pork sausage* contained undeclared sulphur dioxide. Added water was found in samples of *untreated milk* and *Channel Islands Milk*.

Labelling criticism included a *vanilla ice cream* which contained no butter fat and should not have been described as 'Creamy'. Considerable correspondence with a major national ice cream concern resulted. Faced with the possibility of defending their opinion in court, they eventually agreed to alter the label subject to permission to use up existing labels. Another *ice cream* did not display an adequate address, and a *Grapefruit Marmalade* also failed to display a name and address.

An interesting complaint sample concerned a soda water syphon which was used with a 'Sparklet' type of bulb. The paint on the exterior of the bulb was soft and was shown to have contaminated the soda water. A rather off-hand approach to the complainant by the manufacturer of the bulbs was altered significantly by the Certificate of Analysis, pointing out a health hazard to the consumer from the lead-containing paint flakes in the syphon. The authority readily acceded to a request from the manufacturers to examine the faulty bulbs. However, the specimens circulated amongst the three or four branches of the company for a period of two months before they eventually arrived at the department responsible. The complainant received a new syphon and fresh bulbs and was satisfied.

Miscellaneous Samples

A sample of *itching powder*, alleged to have caused continuous sneezing and unconsciousness, was examined for a material likely to cause such serious effects. The sample consisted of dry powdered *Mucuna*, otherwise known as Cowage or Cowitch, which has been used medicinally as a vermifuge and by practical jokers as an itching powder for generations. The itching is produced by a histamine—cerotonin—and individual responses will differ considerably. The use of the trade name 'Bee Pee' is, however, very presumptuous since the powder is not a preparation of the British Pharmacopoeia and any suggestion, however slight, of the letters 'B.P.' may be taken to indicate a high quality medicinal product. A *capsule* submitted by a local doctor was found to

consist substantially of a mixture of B group vitamins. Two *tablet samples* were submitted representative of two prescriptions, alleged to have the same effect. The patient had suffered some alarming symptoms with the second prescription. Analysis showed the tablets to be prednisolone and prednisone which are both used for the same purpose. The reaction of the patient to the second prescription may have been due to idiosyncrasy.

Paints issued to education establishments were submitted for the presence of toxic vapours; fortunately no benzene was detected. However, the solvents used in the paint formulations were unpleasant enough to warrant taking extra care to ensure adequate ventilation.

Animal toxicology continues to be required. The *liver* from a dead cow was examined for the presence of warfarin; some foreign material was extracted but because of the small amount present there remains a doubt as to its chemical composition. It is likely, however, to have been coumarin from the consumption of spoilt clover. Coumarin and warfarin are chemically similar and would produce similar symptoms.

A sample of *meat*, used as animal food, was submitted by a veterinary surgeon and found to contain a quantity of barbiturate; a deceased budgerigar was found to have ingested sufficient lead to be the cause of death. However, suspicions are sometimes unfounded since a dog, suspected of being poisoned with arsenic, was found to contain none. Cooked mince thrown into a dog owners backyard was found to contain aspirin. The aspirin was of commercial grade and no talc or other material normally added for the purpose of tableting was present in the meat.

Two pesticide formulations were submitted. The farmer had lost one crop after spraying with one delivery whereas other deliveries were satisfactory. Analysis failed to reveal any difference between the two. Advice was given to pay particular attention to the dose-rate. Samples of *barium sulphate* used for barium meals were examined for compliance with British Pharmacopoeia standards, and further samples of the same material were analysed for the presence of toxic metals.

A *chicken fat* was rejected by a firm in Germany as being too rancid. The specification and method supplied by the German importers were examined and compared with our own. The calculation on the German document was found to be in error.

Foods examined for non-food and drug authorities include a bottle of *milk* showing unusual separation which was found to contain alkaline washing-up liquid, and a bone said to have been in a bun. Two sewages were examined for Constructors John Brown Limited with results much as expected from previous analysis.

A further one week study of a laundry effluent, together with main sewage stream, was undertaken. This investigation was more or less a repeat of the exercise carried out last year. The conclusion as to the effect of the effluent on the local sewage works were modified only slightly as a result of the further one week survey. Evidence was given on this point in a Court of Enquiry. A sample of waxy material, a by-product in the manufacture of enzymes, was analysed with a view to its potential as a raw material in the chemical industry.

A number of samples of solvents used in a local factory were submitted so that a method of separation could be developed. When this was achieved samples of air, at nine points in one factory shop, and seven points in another shop, were examined for levels of toxic vapour. Fortunately no real hazard was detected but those areas having the highest concentration of monochlorobenzene were found to be approximately one-fifth the toxic levels. Lastly

numerous materials for wall coverings, bench surfaces and floors were examined for their suitability for use in the new laboratory.

A milk bottle containing crystalline materials was found near a drinking water tank. Near the bottle was a collection of spent matches. There was some anxiety that the drinking water tank might have been contaminated. The bottle was therefore submitted for analysis together with the water in the tank. The crystals in the bottle proved to be a mixture of salt and sugar and the tank water appeared to be quite satisfactory. The circumstances puzzled the Department at first but an explanation was eventually found. Sodium chlorate and sugar is a well-known recipe for home-made fireworks which some children had probably been trying to light with the matches. On decomposition sodium chlorate will leave a residue of sodium chloride.

Novelty playthings consisting of *luminescent paint*, and *luminescent waxes* were submitted by the Chief Health Inspector. A mother had complained that the material had got into her child's hair, causing the hair to fall out. The material proved to contain a small amount of a luminescent zinc sulphide. However, microscopic examination of the hairs showed no hair roots, in fact it was clear that the child had cut off the hair, and the samples were not considered a hazard. Although previously denying any such tonsorial act, when faced with forensic evidence the child crumbled and admitted to cutting it off himself.

HAZARDOUS CHEMICALS

Occasionally the Department is asked to assist in the disposal of hazardous chemicals; although usually without interest it is worth noting that in this year the Department has undertaken the disposal of quantities of acids, pesticides and the poisons from two houses and one small laboratory.

Painted Steelwork on the Buckland Re-development Scheme

The City Architect asked the Department to examine and make recommendations on the condition of the paint on the steel work at the above site. A careful examination of all the circumstances and specifications was made, followed by a microscopic examination of paint flakes collected from five areas on the site. From the results a sorry story emerged.

In some areas a delivery of steel primed with red oxide had been painted with an unsuitable primer which subsequently flaked off, taking the top coat with it. In other areas a delivery of untreated steel was inadequately cleaned before priming and later the mill scale had become detached from the steel taking all the paint with it. Yet a further delivery of sand-blasted steel had been badly primed. Other faults included the use of an incorrect primer and painting with very thin priming layers, apparently due to low viscosity paint. In some areas repainting had been ordered and areas inaccessible to the machine had been left without cleaning.

It is not exaggerating to say that for a variety of reasons the whole painting programme had completely broken down. As a result of a report issued by this Department the contractor agreed to accept responsibility and to make good the defective paintwork. The cost of the stripping was between £5,000 and £6,000 which, but for the work of the Department, might well have fallen on the ratepayer.

Nutrition — Meals on Wheels

In March 1970 the Department was asked by the Geriatric Nutrition Unit of Queen Elizabeth College if samples taken from the local 'Meals on Wheels' service could be examined for potassium and vitamin 'C' contents. The

project was the supplement to the Nutritional Survey of the Elderly recently undertaken in Portsmouth. It is generally known that in many foodstuffs vitamin 'C' can deteriorate quite rapidly on keeping and the nutritional experts wished to determine the effective amount of vitamin 'C' in the meal.

This was achieved by arranging a carefully controlled programme for the delivery of samples and by commencing the analysis at the time the meal was intended to be consumed. Participation in this survey, therefore, involved a considerable additional workload on the staff, a number of whom had to work throughout the lunch-hour. Most of the time the system was completely effective but inevitably the most carefully prepared plans cannot cater for all eventualities. It was subsequently discovered, for example, that one of the subjects kept the meal under the stairs for twenty-four hours before consumption.

In the six months of the survey 363 samples were submitted, 237 determinations of vitamin 'C' and 419 potassium determinations were carried out. The survey attracted considerable interest culminating in a short television spot in 'South at Six'. It is hoped that the broad conclusions of the survey will be available for next year's Annual Report.

Atmospheric Pollution

Throughout the year, monthly rain gauge samples have been examined from the site at Church Road, Fratton. However, this site has now become inaccessible and hence unsuitable for this purpose. It has been decided to cease this means of sampling in view the fact that the ten year National Survey of Atmospheric Pollution is based on smoke and sulphur dioxide measurements as opposed to grit, etc., measured by the rain gauge.

Five atmospheric pollution gauges yielded 2,418 results for smoke and sulphur dioxide in 1970. The results from four gauges in Portsmouth provide data to the Warren Spring Laboratory in connection with the National Survey, the fifth at the Portsmouth Water Company being kept as a local reference point for semi-rural pollution.

Port Health Samples

40 samples were taken from cargoes at the docks and examined for pesticide residues, metallic contamination and compliance with Regulations which relate to imported foodstuffs. Only one sample was criticised—a consignment of oranges which had abnormally high D.D.T. residues. Subsequent cargoes were singled out for examination but proved acceptable.

The number of samples examined is approximately twice that of the previous year. The tonnage of imported foodstuffs is increasing rapidly and to fulfill the obligations on the Corporation, acting as the Port Health Authority, a much higher sampling rate is desirable.

Road Safety Act, 1967

With the introduction of this Act, motorists who are required by the police to give a sample of blood or urine for alcohol content are, at the same time, offered a duplicate sample for their own retention and analysis. The motorist may then approach any analyst whose name appears in a list, published by the Royal Institute of Chemistry, of approved analysts capable of carrying out this type of analysis. On payment of a fee he can have the sample analysed in the same manner as that employed by the police forensic laboratories, i.e., by Gas Chromatography. Forty-one samples of *blood* were received during the year, one of these samples was clotted and could not be

analysed. Since the defendant did not have a sample suitable for analysis the Road Safety Act had not been complied with and there was no conviction. One sample had a loose cap and the results were very suspect. Of the remaining thirty-six samples, eight were below the legal limit of 80 mg of alcohol per 100 ml of blood, eleven samples were between 80 and 120 mg per 100 ml and seventeen were above 120 mg per 100 ml. Two *urine* samples were submitted under this Act, one above and one below the prescribed limit for urine (107 mg of alcohol per 100 ml). Exceptionally, one sample of *urine* was submitted under the Road Traffic Act 1962 in connection with a motoring offence.

Trade Descriptions Act 1968

The County of the Isle of Wight submitted two samples under this Act. The first sample was a type of '*breathalyser*' kit which was found to have an accurately calibrated indicator tube, the reliability of which was entirely spoilt by having a leaky plastic bag! The pin holes round the base of the bag would have resulted in too much air passing through the indicator and the whole apparatus would have given a high reading. The second sample was a hair-piece which claimed to be '100 per cent. human hair'. Microscopic examination confirmed that this claim was correct.

Toys (Safety) Regulations 1967

Portsmouth's Weights and Measures Department submitted no toys for examination under the above Regulations during 1970.

The Weights and Measures Department of the Isle of Wight submitted a *tapestry picture set*, the paint on which was entirely satisfactory.

Toxicology

Throughout the year the Department has examined 182 specimens associated with 73 cases submitted by the Coroners for Portsmouth, South East Hampshire and the Isle of Wight, together with two specimens submitted privately and one from a local hospital.

A total of 39 specimens were submitted for alcohol, mostly in connection with road traffic accidents, of which 25 were negative. One death was caused by alcohol poisoning, the deceased having a blood level of 395 milligrammes per hundred millilitres!

Barbiturate was found in 29 of the Coroner cases. In six cases the barbiturate was associated with alcohol, in two cases with amitriptyline and in a further two cases with chloral hydrate—one of which also contained aspirin.

Methaqualone was detected in three cases, in two of which it was also associated with diphenhydramine, reflecting the increasing use of this non-barbiturate sedative.

Other materials detected included amitriptyline, bufenine, carbromal, chloral hydrate, cyclizine, carbon monoxide, disipramine, dipipanone and stelazine. In only two cases did an exhaustive search fail to reveal the presence of an organic drug in the specimen submitted.

The above catalogue of materials, determined throughout the year, does not indicate the vast number of other drugs sought and tested for in the specimens. Police investigation usually reveals a wide variety of drugs which have been prescribed to the deceased, or to his immediate family. Any such pharmaceuticals readily available must be the subject of a specific test.

In two cases the specimens submitted were accompanied by hypodermic syringes and searches for known addictive drugs were undertaken—an unfortunate reflection on the modern world.

Miscellaneous items included reporting on the probable toxicity of fly strips containing an insecticide with the abbreviated title DDVP.

Water

CITY SUPPLY WATER

In Portsmouth the Local Authority are not the Local Water undertaking. However, six samples of water taken from the tap have been examined. Three samples were taken as a result of complaints of chlorinous taste, one of which was said to have aggravated a gastro-intestinal condition. Other samples were taken as a result of metallic taste and of an oily scum when the water was used for tea making and the tea subsequently allowed to stand. In no case was the City supply found to be at fault, although in one case it seems probable that there was some variation in the amount of chlorination and at one time the chlorination may have been sufficient to be detected by a sensitive palate. The lead content of one sample was marginally above the W.H.O. maximum limit but the levels were not above the normal for a system containing lead plumbing. Although this household system contained lead, galvanised iron, P.V.C. and copper—contrary to the bye-laws of the Water Undertaking—no corrective action seemed possible, and the occupants were advised to flush the system before use after overnight standing. Twelve samples of the City supply water have been examined for fluoride content. In Portsmouth, water is drawn from two sources described as 'high-level' and 'low-level'. The two samples taken from the 'high-level' supply contained 0·4 parts per million of fluoride and ten samples taken from the 'low-level' supply, which serves the island of Portsea, contained less than 0·1 parts per million of fluoride. These figures are in agreement with information received from the Water Undertaking. A number of districts in Portsmouth still remain having domestic water systems containing lead piping and a survey of the water taken from the tap in these areas is in hand. The chemical analysis of the water supplies show no tendency to plumbo-solvency. There is no evidence to suggest that the quality and quantity of the water supply is in any way unsatisfactory, except that a fluoride content of 1 part per million may be considered desirable.

SWIMMING POOLS

Samples were taken from the Public Swimming Pools throughout the year and all had a satisfactory record. Southsea Castle swimming pool had a tendency to a deficiency of chlorine at the outlet but the bacteriological state was just adequate.

The schools swimming pools showed some improvement. Nevertheless, there was one pool which never achieved a satisfactory chlorine content and had a high bacterial count and another school pool suffered from excessive chlorination.

In October 1970 a Working Party met to study the condition of schools swimming pools. No school pool examined was without some criticism—St. Edmunds School, however, had an adequate gas chlorination system and the criticisms consisted of precautionary recommendations to safeguard the operators. Southern Grammar School for boys was the worst pool examined for siting, layout and security and the chlorination system was badly in need of maintenance. Cliffdale Junior School pool was efficiently operated and maintained but it was recommended that the footbath facilities be improved.

The same comment was made of the Technical High School, only recently opened. Cliffdale Secondary School pool required a plant overhaul and West Grove and Greenfield Junior Schools required a renewal of the drip feed chlorinator and maintenance of the two recirculatory pumps. The Working Party's general recommendations on pool operation were that minimum standards for schools swimming pools be prepared, all plans for new pools be forwarded to the Chief Public Health Inspector for approval and the monitoring of schools swimming pools be increased to at least once a week. It was also recommended that pool operators be given clear instructions regarding maintenance and be informed that the City Analyst and his staff are available for consultation when difficulties arise.

Neighbouring Authorities were found to be using chlorinated cyanurates instead of the rather hazardous sodium hypochlorite at present used for small pool chlorination. Cyanurates are much easier to control and the Working Party recommended a gradual change to this new reagent. It is confidently expected that when these improvements have been carried out there will be no possible health hazard from schools swimming pools in Portsmouth.

SOUTHSEA BATHING BEACHES

The bacteriological quality of the Southsea bathing beaches was monitored throughout the year and proved very satisfactory. Samples taken at South Parade Pier showed very low bacterial counts reducing to zero in the summer months. Samples taken in September were a little higher than most but were sufficiently low as to indicate no significant pollution with sewage.

NEW INSTALLATIONS

All Government contracts involving water supply installation requires a Certificate of Purity before the installations are allowed to be used for drinking purposes and final payment is made. In 1970, there was a considerable increase in the number of samples taken from new installations examined in the Department. Fifteen such samples were submitted from buildings and eight from vessels. Of the samples taken from new installations in buildings, eight were unsuitable but were satisfactory after re-sterilising and flushing, and three required more than one re-treatment. Only four of the fifteen samples indicated that the installations were satisfactory for immediate use. Of the samples taken from installations in newly-fitted vessels, all, except one showed a very high bacteriological count and needed re-sterilising and flushing. In view of these results it might seem wise to provide a similar purity check on all water installations supplied under Corporation contract.

OTHER WATERS

One well-water was examined from a well outside the City. The well was considered unsatisfactory and treatment was subsequently introduced. A sample of reservoir water was examined for lead content. An underground reservoir supplying Fort Widley was brought into use during the year and analysis of water taken from the tank showed the presence of seepage water, possibly gaining access through the roof. This water was pumped to waste before the tank was refilled and, in view of the faecal organisms which had gained access to the tank, some form of sterilisation was recommended before the tank was used for drinking purposes.

Fertilisers and Feeding Stuffs Act, 1926

The Ministry of Agriculture, Fisheries and Food circulate the number of samples taken by all Authorities. In recent years Portsmouth has been rather a long way down the list. Of course, feeding stuffs for cattle, pigs and poultry are not normally sold in Portsmouth, nevertheless more fertiliser samples have been taken during this year.

A *garden lime—hydrated*, two *bone meal* samples and a sample of *Growers fertiliser* were sold without a statutory statement. In all cases the vendors appeared quite ignorant of the requirements of the Fertilisers and Feeding Stuffs Act. A *nitrate of soda* sample was deficient in nitrogen. A repeat sample taken later in the year proved satisfactory. A *sterilised bone meal* and a *Growmore fertiliser* gave a statement using symbols but had no statement in words in the approved manner. The latter sample also had an incorrect statement of phosphoric acid.

Two samples were examined for metal supplement, as required by the new Regulations, and in both cases the declarations were correct.

School Meals

Thirty-six samples taken from school meals kitchens were examined during the year. Eleven samples of milk were satisfactory. Samples of currants and Australian sultanas were found to be infested with the cocoa moth.

Following a complaint by a school of portions of pineapple pieces containing a fly, a sample of the syrup and an unopened can of pineapple pieces were opened in the laboratory and were found to contain flies of the family *Drosophilidae*. This family is known as the fruit fly and is most likely to be of foreign origin. A meeting was convened between the suppliers, the School Meals Organiser and the Public Analyst when three further cans were opened. Two out of the three cans also contained fruit flies and one of them contained remnants of what was probably an ant. The suppliers had to accept liability and undertook to uplift the whole stock and replace it. A large commercial can of mincemeat was found to be mouldy where the wax lining had failed to cover the surface. The mouldy areas were removed and a sample of the remainder of the mincemeat was examined for mould and a further portion was incubated for one week and was also examined for mould development. Both tests were perfectly satisfactory and the tin was cleared for use.

It is pleasing to record that, as a result of taking the matter up with suppliers in 1969, haricot beans delivered to the school meals service are now completely satisfactory and quite free from spoilt beans.

School Dental Service

As a result of analysis carried out in 1969, the Department prepared 8 litres, in several lots, of Fluoride Gel for Topical Application during 1970. Inter-departmental charges were less than a quarter of the normal cost of purchase resulting in a total saving to the Rate Fund of over £150.

Environmental Problems

A sample of oil washed on Clarence beach was examined to find the type of oil and recommendations were made as to the most suitable detergent for cleaning up the beach. Complaints of smells from Eastney beach were found to originate from rotting seaweed and not sewage as had been suggested. A recent feature of the South Coast has been the drums of waste material washed up in heavy seas. The contents of two such drums were examined and were found to be quite different in nature, one of them having a serious

fire hazard. Disposal methods were recommended. Fifty-six samples were examined in connection with various sewer contracts mostly for acidity and sulphate in order to pin-point areas having corrosive soil. The contaminant in a local stream was identified as lubricating oil and a few factory effluents were examined for possible hazards to fish.

Fees

Fees charged for miscellaneous samples, together with the fees for work carried out under official appointments to neighbouring authorities, amounted to a total of £6,357.

TABLE I

SUMMARY OF SAMPLES EXAMINED DURING 1970

Samples examined for the City of Portsmouth

[illegible]

Other samples

Borough of Gosport	..	..	..	..	..	..	..	153
Isle of Wight County Council	..	..	..	..	..	..	..	145
Fareham Urban District Council		..	..	..	..	..	..	158
Havant and Waterloo Urban District Council	..		..	..	..	..	..	330
Other Local Authorities	..	..	..	..	..	..	..	71
Miscellaneous	..	..	..	..	..	..	..	795

TOTAL	..	4,491
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Atmospheric Pollution Tests:—

Total number sulphur dioxide determinations	..	..	..	..	1,208
Total number smoke determinations	..	..	..	..	1,210
Rain water gauge	..	..	..	..	8

FOOD AND MEDICINE SAMPLES SUBMITTED 1970

<i>Nature of Sample</i>	<i>Number Examined</i>	<i>Number Criticised</i>
Foods		
Milk	869	6
Alcoholic Beverages	16	—
Beverages — non-alcoholic	56	6
Cereal and Starch Products	23	4
Cheese and Cheese Products	4	—
Fats and Oils	20	1
Fish and Fish Products	24	2
Flour and Flour Confectionery	19	—
Fruit	86	—
Gelatine and Gelatine Products	12	—
Meat and Meat Products	36	3
Milk Products	12	—
Nut and Nut Products	23	1
Preserves	14	4
Poultry and Poultry Products	2	—
Sauces, Pickles	34	1
Slimming, Remedial, Diabetic Foods	35	20
Spices, Herbs, Condiments	57	3
Soups	11	1
Sugar and Sugar Confectionery	17	—
Vegetables	34	5
TOTAL FOODS ..	1,404	57
Medicines	139	6
TOTAL FOODS AND MEDICINES ..	1,543	63

PERCENTAGE CRITICISED

							<i>Number Examined</i>	<i>Number Criticised</i>	<i>Percentage Criticised</i>
Milks ..	..	..	..	..	..	..	869	6	0.69
Other Foods	..	..	..	..	..	..	535	51	9.53
Medicines	..	..	..	..	..	..	139	6	4.32

TABLE III

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

<i>No.</i>	<i>Nature of Sample</i>	<i>Formal Informal</i>	<i>Nature of Criticism</i>	<i>Observations</i>
D21 D26 D29-31 D40-50 D84 D68	{ Sweeteners (17 samples) Orange Drink Low Calorie	I I	{ Contained the non-permitted sodium cyclamate ingredient.	Retailers were informed and the offending stocks were withdrawn from sale.
D85	Marzipan	F	Contained arachis oil.	The importation of the article from Denmark has ceased.
D106	Ceylon Tea	I	Contained a small portion of adhesive.	An investigation carried out by the packer showed that the packaging machinery failed and the gum, instead of sealing the liner bag, adhered to the tea.
D110	Pure Ground Mixed Spice	I	Mixed spice should consist of substantial quantities of more than two spices — this sample consisted largely of cinnamon and clove.	Manufacturer in Nova Scotia was informed. Further samples were found to be satisfactory.
D171	Hot Lemon Tea Drink	I	Contained the non-permitted sodium cyclamate and failed to declare an artificial colour in the list of ingredients.	Old stock. Current stocks contained no cyclamate. Label amended to include artificial colour.
D184	Pure Sunflower Seed Oil	I	An advertisement in a womens magazine claimed 'It's packed with protein' Sample contained a negligible quantity of protein.	The claim has been withdrawn.
D235	Cream of Tomato Soup	I	25.7 per cent. deficient of fat.	A similar sample from the first batch marketed was examined in 1969 and found to be deficient in fat due to inadequate mixing. Further samples were satisfactory.
D271	Pork Sausages	I	Contained 175 parts per million of undeclared sulphur dioxide preservative.	Manufacturer retailer gave an undertaking that a notice, informing the purchaser that sausages contained preservative, would be displayed in a prominent position at all times.
D272	Aspirin Tablets B.P.	I	Failed to comply with the specification of the current British Pharmacopoeia.	Sold in error. Caution issued.

No.	Nature of Sample	Formal Informal	Nature of Criticism	Observations
D340 D341	{ Aspirin Tablets B.P.	I I	Contained excess salicylic acid due to prolonged or inadequate storage.	Samples from retailers (not pharmacists). The offending stocks were withdrawn.
D358	Big Value Yeoman	I	Failed to give a common or usual name for the article.	Labels to be amended.
D366	Mashed Potatoes	I	Failed to give a specific common or usual name for articles, i.e. dried or instant.	
D369	Fluffy Mashed Potato			
D486	Shark Fin Soup	I	Label failed to give a list of ingredients in English.	Old stock label used for export. Label now in use was satisfactory.
D495	Octopus Spiced with Vegetables	I	Labels failed to give a list of ingredients.	Labels to be amended.
D496	Cuttle Fish Spiced with Vegetables	I		
D535	Home Grown New Potatoes (canned) 'Calories ounce for ounce . . . new potatoes contain fewer calories than maincrop potatoes and only one third the calories of bread!'	I	The statement on the label could imply that the product had slimming properties.	Label to be amended for the new seasons crop.
D552	Blackcurrant Health Drink	I	34 per cent. deficient of its proper proportion of blackcurrant juice.	Manufacturer to increase the proportion of blackcurrant juice.
D612	Curry Powder	I	Infested with mites.	Old stock held by retailer withdrawn from sale.
D616	Pork Sausages	I	Contained 200 parts per million of undeclared sulphur dioxide preservative.	Retailer gave an undertaking that a notice, informing the purchaser that sausages contained preservative, would be displayed in a prominent position at all times.
D638 D971	{ Natural Malvern Water (Still)	I I	Bacterial counts were high.	Old stock, held by retailer, withdrawn from sale.
D654	Natural Wheat Germ	I		
D728	Creamed Potatoes	I	Label failed to give a specific common or usual name for the article, i.e. dried or instant.	Label to be amended.

<i>No.</i>	<i>Nature of Sample</i>	<i>Formal Informal</i>	<i>Nature of Criticism</i>	<i>Observations</i>
D844	Lemon Mayonnaise	I	List of ingredients not given in the correct order of proportion by weight.	Label to be amended.
D868	Corned Beef	I	The can was seriously sulphided.	This sample was taken as a result of a consumer complaint. Both samples were found to be from Ministry stocks released to a wholesaler for retail to the public.
D1149	Mixed Herbs	I	Label failed to display a list of ingredients.	Label to be amended.
D1222	Chocolate Flavour Delight	I	List of ingredients failed to give the constituents of 'chocolate powder'.	Label to be amended.
D1245	Lemon Flavour Dessert	I	Label failed to inform the purchaser that eggs and sugar should be added to prepare the dessert.	Label to be amended.
D1246	Instant Whip	I	List of ingredients failed to give the constituents of 'milk chocolate powder'.	Label to be amended.
D1247	Chocolate Flavour Dessert	I	Label failed to inform the purchaser that milk and sugar should be added to prepare the dessert.	Label to be amended.
D1267	Apricot Jam	I	} Voluntary list of ingredients given in the wrong order.	Ingredients to be deleted from the label of future imports.
D1268	Blackcurrant Jam	I		
D1269	Peach Jam	I		
D1270	Strawberry Jam	I		
D1299	Prednisone Tablets	I	The difference between the prednisone stated and that found exceeded the allowable variation and represented a deficiency.	Manufacturer failed to trace the batch at fault.
D1305	Prednisone Tablets	I	Failed to comply with the requirements for uniformity.	The sample was found to consist of tablets from several batches each of which might have been satisfactory.
D1381	Travel Sickness Tablets	I	Contained 24 per cent. meclozine hydrochloride in excess of the stated dose.	Manufacturer has undertaken to exercise a satisfactory control on this product.
D1450	Shandy	I	26.7 per cent. deficient of its proper proportion of proof spirit.	Manufacturer has undertaken to tighten the control procedure on this product.

Ministry of Public Buildings and Works			Petersfield U.D.C.			Ventnor U.D.C.		
Water (drinking)	..	6	Sewage	..	2	Bone from currant bun		1
			Trade Effluent	..	7			
Petersfield R.D.C.			Sandown-Shanklin U.D.C.					
Deposit from domestic boiler	..	1	Bread Roll	..	1			

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